2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L06000083181

Entity Name: RAMMCORP, LLC

Current Principal Place of Business:

633 TREEHOUSE CIR.
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

633 TREEHOUSE CIR.
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 16-1770191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGAW, ROBERT G
633 TREEHOUSE CIR.
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCGAW, ROBERT G
Address: 633 TREEHOUSE CIR.
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGRM ( ) Delete
Name: MCGAW, MATTHEW R
Address: 507 S. WESTLAND AVENUE, #4
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Delete
Name: MCGAW, MARY E
Address: 633 TREISHOUSE CIR
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MCGAW, MATTHEW R
Address: 4010 WEST SAN JUAN STREET
City-St-Zip: TAMPA, FL 33629

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT G. MCGAW MGRM 01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date