

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088478

FILED  
May 01, 2008  
Secretary of State

Entity Name: R. N. INDUSTRIAL SERVICES, LLC

**Current Principal Place of Business:**

96322 ABACO ISLAND DRIVE  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

96156 CAYMAN CIRCLE  
FERNANDINA BEACH, FL 32034 US

**Current Mailing Address:**

96322 ABACO ISLAND DRIVE  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

96156 CAYMAN CIRCLE  
FERNANDINA BEACH, FL 32034 US

FEI Number: 20-5508992      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NELSON, RITA  
96156 CAYMAN CIRCLE  
FERNANDINA BEACH, FL 32034 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: MGR ( ) Delete  
Name: NELSON, RITA C  
Address: 96322 ABACO ISLAND DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NELSON, RITA C  
Address: 96156 CAYMAN CIRCLE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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: RITA C. NELSON

MGR

05/01/2008

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