2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L06000098787

Entity Name: R & R SPECIALITYS LLC

Current Principal Place of Business:

23 TRECHE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

1414 WOODVILLE HWY
CRAWFORDVILLE, FL 32327

Current Mailing Address:

23 TRECHE
CRAWFORDVILLE, FL 32327

New Mailing Address:

1414 WOODVILLE HWY
CRAWFORDVILLE, FL 32327

FEI Number: 20-5689202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAY, ROBERT M
23 TRECHE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

RAY, ROBERT M
1414 WOODVILLE HWY
CRAWFORDVILLE, FL 32327 US

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: ROBERT M RAY 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RAY, ROBERT M
Address: 23 TRECHE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: OM ( ) Delete
Name: MILLER, JENNIFER L
Address: 23 TRECHE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RAY, ROBERT M
Address: 1414 WOODVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: OM (X) Change ( ) Addition
Name: MILLER, JENNIFER L
Address: 1414 WOODVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

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 M RAY MGRM 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date