# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# L07000027847

**Entity Name:** R. DORMAN STUDIOS LLC

**Current Principal Place of Business:**

5889 W. WILLIAMSON BLVD., SUITE 1422
PORT ORANGE, FL 32128

**New Principal Place of Business:**

6094 SABAL BROOK WAY
PORT ORANGE, FL 32128

**Current Mailing Address:**

5889 W. WILLIAMSON BLVD., SUITE 1422
PORT ORANGE, FL 32128

**New Mailing Address:**

6094 SABAL BROOK WAY
PORT ORANGE, FL 32128

**FEI Number: 20-8687457** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DORMAN, ROBERT D
6094 SABAL BROOK WAY
PORT ORANGE, FL 32128 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: DORMAN, ROBERT D
Address: 5889 W. WILLIAMSON BLVD., SUITE 1422
City-St-Zip: PORT ORANGE, FL 32128

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: DORMAN, ROBERT D
Address: 6094 SABAL BROOK WAY
City-St-Zip: PORT ORANGE, FL 32128

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 D DORMAN PRES 04/29/2009

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