

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106840

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** R & S METALWORKS L.L.C.

**Current Principal Place of Business:**

3690 CARLTON RD  
PORT SAINT LUCIE, FL 34987

**New Principal Place of Business:**

5690 CARLTON RD  
PORT SAINT LUCIE, FL 34987

**Current Mailing Address:**

1907 CYPRESS AVE  
FORT PIERCE, FL 34945

**New Mailing Address:**

FEI Number: 77-0702709      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SNOWDEN, SCOTT M  
5437 IDEAL HOLDINGS ROAD  
FORT PIERCE, FL 34984    US

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

SNOWDEN, SCOTT M  
1907 CYPRESS AVE  
FORT PIERCE, FL 34949    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: SCOTT M. SNOWDEN

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SNOWDEN, SCOTT M  
Address: 1907 CYPRESS DRIVE  
City-St-Zip: FORT PIERCE, FL 34949

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: OM ( ) Change (X) Addition  
Name: SNOWDEN, AIMEE L  
Address: 2682 CONIFER DR.  
City-St-Zip: FT. PIERCE, FL 34951

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: AIMEE SNOWDEN

OM

03/23/2009

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