

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005093

Entity Name: R & S PORT ST. LUCIE, LLC

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

362 SW ATWATER WAY - HWY 360-A  
MADISON, FL 32341

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 191  
MADISON, FL 32341

## New Mailing Address:

FEI Number: 26-1774223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUTHERFORD, WILBER G JR  
362 SW ATWATER WAY - HWY 360-A  
MADISON, FL 32341 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

## ADDITIONS/CHANGES:

Title: D ( ) Change (X) Addition  
Name: RUTHERFORD, WILBUR G JR  
Address: 362 SW ATWATER WAY  
City-St-Zip: MADISON, FL 32340 US

Title: D ( ) Change (X) Addition  
Name: RUTHERFORD, TERESA W  
Address: 362 SW ATWATER WAY  
City-St-Zip: MADISON, FL 32340 US

Title: D ( ) Change (X) Addition  
Name: STRICKLAND, GRADY L  
Address: 960 LUNDY DRIVE  
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Change (X) Addition  
Name: STRICKLAND, DEANNA  
Address: 960 LUNDY DRIVE  
City-St-Zip: TITUSVILLE, FL 32796 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: TERESA RUTHERFORD

D

04/22/2009

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