

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042281

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: RULE ENTERPRISES, LLC

**Current Principal Place of Business:**

1706 SE 10TH PL  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1706 SE 10TH PL  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 61-1560827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

RULE, TRAVIS G  
350 SE 14TH AVE  
POMPANO BEACH, FL 33060      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RULE, TRAVIS G  
Address: 350 SE 175TH AVE  
City-St-Zip: POMPAN0 BEACH, FL 33060 US

Title: MGR      ( ) Delete  
Name: RULE, TRAVIS  
Address: 1706 SE 10TH PL  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES:**

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

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

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: TRAVIS RULE

MR

06/15/2009

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