2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# L08000068748

Entity Name: RAWLSALL LLC

Current Principal Place of Business:

119 EAST GREEN STREET
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1762
PERRY, FL 32347

New Mailing Address:

FEI Number: 59-3482833 **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:

ERICKSON, WILLIAM C
611 WEST LAFAYETTE STREET
PERRY, FL 32347 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: MGR ( ) Delete
Name: ERICKSON, WILLIAM C
Address: 611 LAFAYETTE STREET
City-St-Zip: PERRY, FL 32347

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

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

ADDITIONS/CHANGES:

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

Title: GM ( ) Change (X) Addition
Name: WILLIAM, ERICKSON JR. C MGRM
Address: 611 WEST LAFAYETTE STREET
City-St-Zip: PERRY, FL 32347 US

Title: AMGR ( ) Change (X) Addition
Name: SHARON, MCLEAN M
Address: 31 MONADNOCK ROAD
City-St-Zip: WORCESTER, MA 01609 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: SHARON M. MCLEAN AMGR 06/16/2009

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