# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 19, 2011**
**Secretary of State**

DOCUMENT# L08000098346

**Entity Name:** RAIN OR SHINE POWER LLC

**Current Principal Place of Business:**

26581 BRIAN PLACE
TEHACHAPI, CA 93561 US

**New Principal Place of Business:**

399 OLD QUARRY RD.
SAINT AUGUSTINE, FL 32080 US

**Current Mailing Address:**

227 SELROSE LN.
SANTA BARBARA, CA 93109 US

**New Mailing Address:**

PO BOX 3891
ST AUGUSTINE, FL 32085

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

BYARS, ANGEL R
399 OLD QUARRY RD.
SAINT AUGUSTINE, FL 32080 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
Name: BYARS, ANGEL R
Address: 399 OLD QUARRY RD.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: MGRM
Name: MILLER, WILLIAM T
Address: 399 OLD QUARRY RD.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

I hereby 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 Statues.

SIGNATURE: ANGEL RAIN BYARS CEO 04/19/2011

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