

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113469

Entity Name: R A RENOVATIONS LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

646 KEELHAUL RD  
OSTEEN, FL 32764 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 391508  
DELTONA, FL 32739

**New Mailing Address:**

FEI Number: 35-2352407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAWHUN, SAMUEL K  
646 KEELHAUL RD  
OSTEEN, FL 32764 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: LAWHUN, SAMUEL K  
Address: 646 KEELHAUL RD  
City-St-Zip: OSTEEN, FL 32764 US

Title: MGR ( ) Delete  
Name: DOUCETTE, DEBRA A  
Address: 646 KEELHAUL RD  
City-St-Zip: OSTEEN, FL 32764 US

**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: SAMUEL K LAWHUN

PRES

04/29/2009

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