

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003149

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** HUTCHINSON, MOORE & RAUCH, LLC

**Current Principal Place of Business:**

2039 MAIN STREET  
DAPHNE, AL 36526

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1127  
DAPHNE, AL 36526

**New Mailing Address:**

**FEI Number:** 63-1246214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: S ( ) Delete  
Name: HUTCHINSON, SCOTT A  
Address: P.O. BOX 1127  
City-St-Zip: DAPHNE, AL 36526

Title: V ( ) Delete  
Name: MOORE, RAY B  
Address: P.O. BOX 1127  
City-St-Zip: DAPHNE, AL 36526

Title: P ( ) Delete  
Name: RAUCH, DAVID J  
Address: P.O. BOX 1872  
City-St-Zip: FOLEY, AL 36536

**ADDITIONS/CHANGES:**

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

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: SCOTT A. HUTCHINSON

S

01/14/2009

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