

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State



DOCUMENT # L03000041602
1. Entity Name
ROBERT S. HERREN, L.L.C.

Principal Place of Business P.O. BOX 854 EASTPOINT FL 32328-0854	Mailing Address P.O. BOX 854 EASTPOINT FL 32328-0854
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State	City & State
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4. FEI Number 05-0589767	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY
239 E. VIRGINIA STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">MGR HERREN, ROBERT S P.O. BOX 854 EASTPOINT FL 32328</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	MGR HERREN, ROBERT S P.O. BOX 854 EASTPOINT FL 32328	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES													
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: R. S. HERREN 1-31-07 850 927 2768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #