

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007753

1. Entity Name

THE ROBINSON ANNA MARIA LLC



Principal Place of Business

313 SONOMA STREET
VALRICO, FL 33594

Mailing Address

313 SONOMA STREET
VALRICO, FL 33594



02252004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3655131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLS, DEBORAH A
313 SONOMA STREET
VALRICO, FL 33594

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

000000083780
03/10/04-80053-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MOLS, DEBORAH A
313 SONOMA ST
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROBINSON, HAROLD R
729 BROOKWOOD DR
STATESBORO, GA 30461

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JARRETT, BECKY SUE
27604 WATERFORD WAY
WESLEY CHAPEL, FL 33544

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROBINSON, CINDY KAE
3406 LONG ISLAND WAY
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #