

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000005336

1. Entity Name
RC, MOB, LLC



Principal Place of Business
2887 SW 93RD DR
GAINESVILLE, FL 32608

Mailing Address
2887 SW 93RD DR
GAINESVILLE, FL 32608



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3717150

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROWE, ROBERT R
2887 SW 93RD DR
GAINESVILLE, FL 32608

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COFFEY, C. DAVID 5348 SW 91 ST TERR GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFEY, SUSAN L 5348 SW 91 ST TERR GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROWE, ROBERT R 2887 SW 93RD DR GAINESVILLE, FL 32608
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Robert R Rowe

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

Date

Daytime Phone #

4-20-07 352/538-4435