

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005336

Entity Name: RC, MOB, LLC

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2887 SW 93RD DR  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

5346 SW 91ST TERRACE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

142 MUIRFIELD DR  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 59-3717150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROWE, ROBERT R  
142 MUIRFIELD DR  
PONTE VEDRA BEACH, FL 32082 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  
Name: COFFEY, C. DAVID  
Address: 5346 SW 91 ST TERR  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM  
Name: COFFEY, SUSAN L  
Address: 5346 SW 91 ST TERR  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM  
Name: ROWE, ROBERT R  
Address: 142 MUIRFIELD DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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: C DAVID COFFEY

MGR

03/30/2010

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