

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013076

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** ROBERT CHARLES AND ASSOCIATES, LLC

**Current Principal Place of Business:**

PO BOX 566  
BOCA RATON, FL 33429

**New Principal Place of Business:**

1702 COSTA DEL SOL  
BOCA RATON, FL 33432

**Current Mailing Address:**

PO BOX 566  
BOCA RATON, FL 33429

**New Mailing Address:**

**FEI Number:** 65-1155080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOKOLOFF, GARY  
1706 COSTA DEL SOL  
BOCA RATON, FL 33432 US

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

JASKIEWICZ, EDWARD C  
1702 COSTA DEL SOL  
BOCA RATON, FL 33432 US

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:** EDWARD C. JASKIEWICZ

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P ( ) Delete  
**Name:** SOKOLOFF, GARY  
**Address:** 3639 SW 24TH LANE  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** VP ( ) Delete  
**Name:** JASKIEWICZ, EDWARD C  
**Address:** 7400 ROSEWOOD CIR  
**City-St-Zip:** BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

**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:** GARY SOKOLOFF

P

04/16/2009

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