2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 09, 2008 8:00 am
Secretary of State
03-18-2008 90174 013 ****74.53
04-09-2008 90126 025 ****64.22

DOCUMENT # L02000008148

1. Entity Name
ROBERT ROTH, L.L.C.

Principal Place of Business	Mailing Address
4465 BAYMEADOWS RD #7 JACKSONVILLE, FL 32217	PO BOX 24005 JACKSONVILLE, FL 32241

DO NOT WRITE IN THIS SPACE

03042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3464850
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, ROBERT
4465 BAYMEADOWS RD #7
JACKSONVILLE, FL 32217

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ROTH, ROBERT
STREET ADDRESS	4465 BAYMEADOWS RD #7
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	MGRM
NAME	ROTH, SANDRA G
STREET ADDRESS	4465 BAYMEADOWS RD #7
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 Roth 3/4/2008 904-733-8836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #