

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010654

**Entity Name:** R.G.B. DEVELOPMENT, LLC

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4311 NW 17TH PLACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

4311 NW 17TH PL  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 01-0687017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LASH, ROBERT A ESQ.  
4311 NW 17TH PL  
GAINESVILLE, FL 32605 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:** MGRM  
**Name:** LASH, ROBERT  
**Address:** 4311 NW 17TH PL  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** MGR  
**Name:** MOODY, GARY  
**Address:** 3959 NW 32ND PL  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** MGR  
**Name:** BUSSARD, CARL  
**Address:** 10860 NW 198TH ST  
**City-St-Zip:** MICANOPY, FL 32667

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:** ROBERT LASH

MGRM

04/25/2010

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