

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90228 041 ***138.75

DOCUMENT # L02000019989

1. Entity Name

ROBIN'S RIDGE DEVELOPMENT, LLC



Principal Place of Business

17 SOUTH PALAFOX STREET, STE. 394
PENSACOLA, FL 32501

Mailing Address

PO BOX 12358
PENSACOLA, FL 32591

3 West Garden ST, Ste 394

32502



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2065485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, RICHARD

17 SOUTH PALAFOX STREET, STE. 394
PENSACOLA, FL 32501

3 West Garden ST
32502

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BAKER, RICHARD R
STREET ADDRESS	17 SOUTH PALAFOX ST 394
CITY - ST - ZIP	PENSACOLA, FL 32501

PO Box 12358
Pensacola 32591

TITLE	MGR
NAME	GILMORE, DAN J
STREET ADDRESS	4400 BAYOU BLVD 35
CITY - ST - ZIP	PENSACOLA, FL 32503

TITLE	MGR
NAME	RITCHIE, WALTER JR
STREET ADDRESS	PO BOX 13401
CITY - ST - ZIP	PENSACOLA, FL 32591

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: _____

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

4/7/08

Date

850-434-5330

Daytime Phone #