

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90064 044 \*\*\*\*\*50.00

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**DOCUMENT # L02000020240**

1. Entity Name

**ROBERN, LLC**



Principal Place of Business

Mailing Address

1700 EAST LAS OLAS BOULEVARD, SUITE 103  
FORT LAUDERDALE FL 33301

1700 EAST LAS OLAS BOULEVARD, SUITE 103  
FORT LAUDERDALE FL 33301

2. Principal Place of Business

**555 ANTIOCH AVE**

3. Mailing Address

**PO Box 30444**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**FT LAUDERDALE, FL**

City & State

**FT LAUDERDALE, FL**

4. FEI Number

**35-2176884**

Applied For

☐ Not Applicable

Zip

Country

**33304**

**USA**

Zip

Country

**33303**

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESSINA, ROBERT - EWM Realtors**  
**1700 EAST LAS OLAS BOULEVARD, SUITE 103**  
**FORT LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Robert P. Messina*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8-4-03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **MESSINA, ROBERT**  
STREET ADDRESS **1700 EAST LAS OLAS BOULEVARD, SUITE 103**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **PRES** ☐ Change ☒ Addition  
NAME **MESSINA, ROBERT**  
STREET ADDRESS **P.O. BOX 30444**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33303**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Bernard Petreccia**  
STREET ADDRESS **POB 30444**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33303**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 P. Messina*

**8-4-03**

**954-764-7171**

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

Date

Daytime Phone #

CR2E083 (4/03)