

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000003555

1. Entity Name  
ROUBICEK, L.L.C.



Principal Place of Business  
900 SIXTH AVENUE SOUTH, SUITE 203  
NAPLES, FL 34102

Mailing Address  
POB 950  
MARCO ISLAND, FL 34146



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1869754

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHWEIKHARDT, WILLIAM  
900 SIXTH AVENUE SOUTH, SUITE 203  
NAPLES, FL 34102

**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**

U000000924861  
05/20/08-80003-015 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ROUBICEK, CARLOS H
STREET ADDRESS	900 SIXTH AVENUE SOUTH, SUITE 203
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	MGRM
NAME	ROUBICEK, ELENA
STREET ADDRESS	900 SIXTH AVENUE SOUTH, SUITE 203
CITY- ST- ZIP	NAPLES, FL 34102
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

Date

Daytime Phone #

*Carlos Roubicek*  
Carlos Roubicek

4-21-08