

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000Q19558

1. Entity Name  
REPUBLIC, L.L.C.



**FILED**  
**Jun 18, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
7425 BAY COLONY DRIVE  
NAPLES, FL 34108

Mailing Address  
7425 BAY COLONY DRIVE  
NAPLES, FL 34108



**DO NOT WRITE IN THIS SPACE**

05152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

56-2374146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

STRUBLE, CATHERINE  
7425 BAY COLONY DRIVE  
NAPLES, FL 34108

**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 *Catherine Struble*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-15-07

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

000000766352  
06/18/07-80002-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	CEO
NAME	LOWDER, CHARLOTTE
STREET ADDRESS	2080 BELL ROAD
CITY-ST-ZIP	MONTGOMERY, AL 36117

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	

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: *Charlotte Lowder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6-15-07 439-598-5936