

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 10 AM 10:06

DOCUMENT # L03000029829					
1. Entity Name ROB-LYN, LLC					
Principal Place of Business 4452 BRYNWOOD 599 9th ST, N, STE 207 NAPLES, FL 34119 US NAPLES, FL 34102			Mailing Address 4452 BRYNWOOD 599 9th ST, N, STE 207 NAPLES, FL 34119 US 34102		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01252005 REIN-LLC CR2E101 (6/04)	
4. FEI Number 54-2124067				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GROSSBACHER, ROBERT 4452 BRYNWOOD 599 9th ST, N, STE 207 NAPLES, FL 34119 34102			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME GROSSBACHER, ROBERT		TITLE NAME	NAME GROSSBACHER, ROBERT	
STREET ADDRESS 4452 BRYNWOOD 599 9th ST, N, STE 207	CITY-ST-ZIP NAPLES, FL 34119 34102		STREET ADDRESS 04/28/04 90062 037 \$50.00	CITY-ST-ZIP 04-05	
TITLE MGRM	NAME GROSSBACHER, LYNETTE		TITLE NAME	NAME GROSSBACHER, LYNETTE	
STREET ADDRESS 4452 BRYNWOOD 599 9th ST, N, STE 207	CITY-ST-ZIP NAPLES, FL 34119 34102		STREET ADDRESS REINSTATEMENT	CITY-ST-ZIP 04-05	
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	
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE 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: <u>Lynette Grossbacher</u>			4-25-05 (239) 434-8668		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



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April 25, 2005

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: 2005 Limited Liability Company Reinstatement
Rob-Lyn, LLC
FEI Number: 54-2124067

Dear Sir or Madam:

When we tried to print our 2005 Limited Liability Company Annual Report, it showed that the Corporation was inactive.

On January 21, 2005, we called the Division of corporations and we were told that the reason it was showing inactive, was because on June 16, 2004 the form was returned because the FEI Number was missing. We never received the form because it was sent to the old address. We were told to file 2005 Limited Liability Company Reinstatement form and only pay \$50.00 because \$50.00 was already on record.

Please let us know if you need additional information.

Sincerely,

DeeMae Sell
Comptroller