


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000030289**

1. Entity Name  
**CORBY, LLC**



Principal Place of Business      Mailing Address

**6710 POTTSBURG DR.  
 JACKSONVILLE, FL 32216**      **6710 POTTSBURG DR.  
 JACKSONVILLE, FL 32216**

**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number      Applied For  
**59-7238071**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

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

**DILLOW, DEBRA L  
 6710 POTTSBURG DR.  
 JACKSONVILLE, FL 32216**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DILLOW, DEBRA L 6710 POTTSBURG DR JACKSONVILLE, FL 32216</b>
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 02/06/08-80050-013 138.75

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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:** *Debra L Dillow* **Debra L Dillow**      1/28/08      (904)7249473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #