

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90359 036 ****50.00

DOCUMENT # L03000043077

1. Entity Name
ROBERT MYERS, LLC



Principal Place of Business
5200 NW 33RD AVENUE
214
FORT LAUDERDALE, FL 33309 US

Mailing Address
POB 490932
FORT LAUDERDALE, FL 33349 US

2. Principal Place of Business - No P.O. Box #
2414 24TH LANE

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
GREENACRES FL

City & State

Zip
33463 Country
U.S.

Zip Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
52-2413446

Applied For
Not Applicable

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

MYERS, ROBERT M
5200 NW 33RD AVE STE 214
FORT LAUDERDALE, FL 33309

Name

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

2414 24TH LANE

City **GREENACRES**

FL

Zip Code

33463

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)

4-27-07

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MYERS, ROBERT M
5200 NW 33RD AVENUE
FORT LAUDERDALE, FL 33309

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**2414 24TH LANE
GREENACRES, FL 33463**

TITLE
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-07

Date

Daytime Phone #