

**2006 LIMITED-LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED

**Aug 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000044582

1. Entity Name

ROBERT E. TRANCHINA, LLC



Principal Place of Business

4643 BARTELT RD.
HOLIDAY FL 34690
US

Mailing Address

4834 BRIARHILL COURT
HOLIDAY FL 34690
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

City & State

4. FEI Number 20-0392096

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRANCHINA, ROBERT E
4834 BRIARHILL COURT
HOLIDAY FL 34690

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TRANCHINA, ROBERT E
4643 BARTELT RD.
HOLIDAY FL 34690 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000574981
08/22/06-80006-011 55.00 ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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

Date

Daytime Phone #

Robert E. Tranchina

8-18-06 (727)
251-6150