

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000045338

1. Entity Name
ROBERT C. GREGG, LLC



Principal Place of Business
**7242 SPRINGHILL RD
TALLAHASSEE, FL 32305**

Mailing Address
**7242 SPRINGHILL RD
TALLAHASSEE, FL 32305**

DO NOT WRITE IN THIS SPACE

FILED
05 APR 14 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-2813973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREGG, ROBERT C
7242 SPRINGHILL RD
TALLAHASSEE, FL 32305**

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREGG, ROBERT C
7242 SPRINGHILL RD
TALLAHASSEE, FL 32305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREGG, DIANE W
7242 SPRINGHILL RD
TALLAHASSEE, FL 32305**

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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04/20/05--01044--005 **50.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-14-05 850/576-2933

Date

Daytime Phone #