


## 07-12-2004 90131 015 \*\*\*\*50.00

<b>DOCUMENT # L03000046470</b>			
<b>1. Entity Name</b> ROB'S DOOR CONTROL, LLC			
<b>Principal Place of Business</b> 9419 NW 227TH PLACE Micanopy, FL 32667 US		<b>Mailing Address</b> 9419 NW 227TH PLACE Micanopy, FL 32667 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>5. Name and Address of Current Registered Agent</b> MUSCHLITZ, E.E. 4850 NW 20TH PLACE GAINESVILLE, FL 32605		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>6. 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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-installing) DATE			
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM MUSCHLITZ, ROBERT E 9419 NW 227TH PLACE Micanopy, FL 32667 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 808, Florida Statutes.</b>			
<b>SIGNATURE:</b> Robert E. Muschlitz		07/09/04 (352)466-3434	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

Attachment  
34009723

4850 NW 20th Place  
Gainesville, FL 32605-3443  
August 3, 2004

Florida Department of State  
Division of Corporations  
Annual Reports Section

REF: L03000046470

Dear Sirs:

I am sorry that the enclosed form was filled out incorrectly. I have made the necessary corrections to it. Rob's Door Control, LLC has no employees and my son, Robert Muschlitz, is the sole owner and proprietor. An FEIN is not required for this LLC and so I have checked "not applicable" in Block 4.

Sincerely yours,

*E.E. Muschlitz*

E.E. Muschlitz  
Agent for Rob's Door Control, LLC