

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90306 006 ***138.75

DOCUMENT # L03000054615

1. Entity Name
RUBICON, L.L.C.



Principal Place of Business

~~42 BARKLEY CIR.~~
~~SUITE 3~~
FT. MYERS, FL 33907

Mailing Address

~~42 BARKLEY CIR.~~
~~SUITE 3~~
FT. MYERS, FL 33907

12580 University Drive #102



04142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0730830

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RONALD L
~~42 BARKLEY CIR.~~ 12580 University Drive #102
~~SUITE 3~~
FT. MYERS, FL 33907

**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 _____

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

(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 MGR
NAME DAVIS, RONALD L
STREET ADDRESS ~~42 BARKLEY CIR.~~ 12580 University Drive #102
CITY-ST-ZIP FT. MYERS, FL 33907

TITLE MGR
NAME D'ANDREA, ROBERT L
STREET ADDRESS ~~42 BARKLEY CIR.~~ 12580 University Drive #102
CITY-ST-ZIP FT. MYERS, FL 33907

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

**DO NOT WRITE
IN THIS SPACE**

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: *R. D'Andrea*

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

4/14/08

Date

Daytime Phone #