

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000000130

1. Entity Name
ROBBINS PROPERTIES, LLC



Principal Place of Business
**169 N. JAN DRIVE
PANAMA CITY, FL 32404 US**

Mailing Address
**169 N. JAN DRIVE
PANAMA CITY, FL 32404 US**



04202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2225289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBBINS, WANDA M
5202 CHERRY ST.
PANAMA CITY, FL 32404**

**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**

**U000000914210
05/08/08-80047-017 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBBINS, WANDA M 5202 CHERRY ST. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBBINS, GREGORY B 169 N. JAN DR. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBBINS, ANTHONY S 615 HICKORY KNOLL SUGAR HILL, GA 30518
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: *Wanda M. Robbins* **Wanda M. Robbins** **4/20/08 (850)774-5581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE (Date) (Telephone #)