


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90093 024 ***138.75

DOCUMENT # L04000009411	
1. Entity Name ROBERT R. SOUCIE LLC	

Principal Place of Business 4181 SABAL LANE FORT MYERS FL 33905 US	Mailing Address 4181 SABAL LANE FORT MYERS FL 33905 US
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2. Principal Place of Business - No P.O. Box # 4181 Sabal Ln	3. Mailing Address 4181 Sabal Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/08)

City & State Ft Myers, FL	City & State Ft Myers, FL
Zip 33905	Country US
Zip 33905	Country US

4. FEI Number 14-1902745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SOUCE, ARLEEN 36352 TIMBERWOOD DR ZEPHYRHILLS FL 33541	
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7. Name and Address of New Registered Agent Name Arleen Soucie Street Address (P.O. Box Number is Not Acceptable) 36352 Timberwood Dr City Zephyrhills FL Zip Code 33541	
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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.

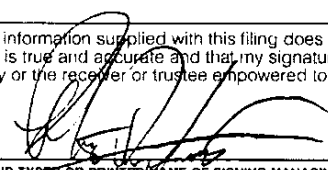
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete MGRM SOUCIE, ROBERT R 4181 SABAL LANE FORT MYERS FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:  **8/23/08** **239 785-7771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #