

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000031228

Entity Name: ROBERT L. EDGE LLC

**FILED**  
**Jun 17, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4913 BLACKHAWK DR  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

4913 BLACKHAWK DR  
JACKSONVILLE, FL 32259

**New Mailing Address:**

FEI Number: 06-1725264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDGE, ROBERT L  
4913 BLACKHAWK DR  
JACKSONVILLE, FL 32359 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EDGE, ROBERT L  
Address: 4913 BLACKHAWK DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: EDGE, MARY H  
Address: 4913 BLACKHAWK DR  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT L EDGE

MGR

06/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date