

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031821

Entity Name: LATROBE, LLC

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

11450 SOUTHEAST DIXIE HIGHWAY
SUITE 202
HOBE SOUND, FL 33455

Current Mailing Address:

11450 SOUTHEAST DIXIE HIGHWAY
SUITE 202
HOBE SOUND, FL 33455

New Principal Place of Business:

11450 SOUTHEAST DIXIE HIGHWAY
SUITE 202
HOBE SOUND, FL 33455 US

New Mailing Address:

1000 SE MONTEREY COMMONS BLVD.
SUITE 101
STUART, FL 34996 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASPERSEN, FINN M.W.
11450 SOUTHEAST DIXIE HIGHWAY, SUITE 202
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

LETITIA MICHOTTE C/O HILL, BARTH & KING
1000 SE MONTEREY COMMONS BLVD.
SUITE 101
STUART, FL 34996 US

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: LETITIA MICHOTTE

04/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICHOTTE, ELOY
Address: 11450 SOUTHEAST DIXIE HIGHWAY, SUITE 202
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MICHOTTE, ELOY
Address: 11450 SOUTHEAST DIXIE HIGHWAY, SUITE 202
City-St-Zip: HOBE SOUND, FL 33455 US

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: ELOY MICHOTTE

MGRM

04/01/2008

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