

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90140 015 *****50.00

DOCUMENT # LG4000037350

1. Entity Name

ROBERT D. KETCHUM, LLC



Principal Place of Business

Mailing Address

UNCLE BOB'S SELF STORAGE
6005 N WICKHAM RD
MELBOURNE FL 32904

2181 CHERYL CT
MELBOURNE FL 32935



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
6005 N. WICKHAM RD

Suite, Apt. #, etc.
2181 CHERYL CT

City & State
Melbourne Florida

City & State
Melbourne Florida

Zip

Country

32904

FLORIDA

Zip

Country

32935

FLORIDA

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-1624581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

METCALF, SCOTT
264 WEST DR.
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

n/a

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

n/a

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
KETCHUM, ROBERT D
2181 CHERYL CT.
MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

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CITY ST ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert D Ketchum

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

JAN 22, 321-7044133

Date

07

Daytime Phone #