## 2005 LIMITED LIABILITY COMPANY

## Mar 08, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000079522** 03-08-2005 90027 036 \*\*\*\*50.00 ROBY, ROBY AND IOFFREDO, L.L.C. 50019519 Principal Place of Business Mailing Address 1270 ORANGE AVE. 1270 ORANGE AVE. SUITE A SUITE D WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 33-1101607 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IOFFREDO, GLEN J Street Address (P.O. Box Number is Not Acceptable) 1270 ORANGE AVE. SUITE D WINTER PARK, FL 32789 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME ROBY, MATTHEW H NAME 138 WARD DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP MGRM Detete Change ■ Addition ROBY, RONALD H NAME NAME 2141 GLENCOE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME IOFFREDO, GLEN J NAME 160 TRISMEN TERRACE STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

2008-7740-70H

Daytime Phone #

DEFERENCE GIEN I.

limited liability company or the receiver or trus

SIGNATURE AND TYPED OR PRINTED NAM

CITY-ST-7IP

**SIGNATURE**