
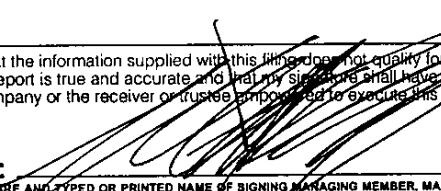


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90104 018 ***138.75

DOCUMENT # L04000079522					
1. Entity Name ROBY AND ROBY, LLC					
Principal Place of Business 831 WEST MORSE BLVD. WINTER PARK, FL 32789			Mailing Address 831 WEST MORSE BLVD. WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-1101607	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBY, MATTHEW H 1270 ORANGE AVE. SUITE D WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Matthew H. Roby Street Address (P.O. Box Number is Not Acceptable) 831 West Morse Blvd City Winter Park FL Zip Code 32789		
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 <u>Matthew H. Roby</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBY, MATTHEW H 138 WARD DRIVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBY, RONALD H 2141 GLENCOE ROAD WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

60040283



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
33-1101607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBY, MATTHEW H
1270 ORANGE AVE.
SUITE D
WINTER PARK, FL 32789

Name **Matthew H. Roby**

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

831 West Morse Blvd

City Winter Park

FL

Zip Code
32789

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

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CITY-ST-ZIP

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SIGNATURE:

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

Date

Daytime Phone #