2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/29/2006-90074-030-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 11:24

DOCUMENT # L05000004905

1. Entity Name
MARK A. ROBISON SIDING, LLC

Principal Place of Business
34 CASORA DR
CRAWFORDVILLE FL 32327

Mailing Address
34 CASORA DR
CRAWFORDVILLE FL 32327

Mark A. Robison Siding

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
34 Casora Dr.	34 Casora Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville	City & State: Fl.
Zip: 32327 Country: Wakulla	Zip Country

4. FEI Number 030553234 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, MARK A
34 CASORA DR
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROBINSON, MARK ANTHONY 34 CASORA DR CRAWFORDVILLE FL 32327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROBISON, H. LEROY 26 ROBISON DR CRAWFORDVILLE FL 32327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Mark A. Robison 8-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #