

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000013923

Entity Name: ROBE, LLC

**FILED**  
**Jan 26, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

515 NORTH ADAMS STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

515 NORTH ADAMS STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 20-2328437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOWREY, RONALD A  
515 NORTH ADAMS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOWREY, RON  
Address: 515 W ADAMS ST  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOWREY, RONALD A  
Address: 515 NORTH ADAMS ST  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD A MOWREY

MGRM

01/26/2007

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