

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000023414

1. Entity Name
ROBOUT, LLC



Principal Place of Business
**9752 SW SANTA MONICA DRIVE
PALM CITY, FL 34990 US**

Mailing Address
**9752 SW SANTA MONICA DRIVE
PALM CITY, FL 34990 US**



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0892692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHWEIGER, ROBERT L
9752 SW SANTA MONICA DRIVE
PALM CITY, FL 34990**

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IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
REDAKO CORPORATION
9752 SW SANTA MONICA DRIVE
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
MOVING TARGETS, INC.
2853 SE PACE DRIVE
PORT ST LUCIE, FL 34984**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
CYNDICATOR, INC.
5985 CLUBHOUSE DR
VERO BEACH, FL 32968**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

U000000723935
05/02/07-80091-011 50.00

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/07 772597 6664