

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90254 007 ****50.00

DOCUMENT # L05000028810

1. Entity Name
ALBRO, LLC



Principal Place of Business
**2303 NORTH PINE AVENUE
OCALA, FL 34475-9258**

Mailing Address
**2303 NORTH PINE AVENUE
OCALA, FL 34475-9258**

DO NOT WRITE IN THIS SPACE



04042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2548073

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALBIOL, CHARLES H
2303 NORTH PINE AVENUE
OCALA, FL 34475**

**DO NOT WRITE
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-ST-ZIP
**MGRM
ALBIOL, CHARLES H
2302 NORTH PINE AVE
OCALA, FL 344759258**

TITLE
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CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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: *Charles H Albiol* / **CHARLES HALBIOL mm**

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

Date

Daytime Phone #

4-4-07 352-622-6500