

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054010

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Entity Name:** ROBERT B. MACLAREN, LTD. CO.

**Current Principal Place of Business:**

5040 13TH AVENUE N.  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

5040 13TH AVENUE N.  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 56-2586248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MACLAREN, LINDA L  
5040 13TH AVENUE N.  
ST. PETERSBURG, FL 33710 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:** MGR  
**Name:** MACLAREN, ROBERT B  
**Address:** 5040 13TH AVENUE N.  
**City-St-Zip:** ST. PETERSBURG, FL 33710

**Title:** MGRM  
**Name:** MACLAREN, LINDA L  
**Address:** 5040 13TH AVENUE N.  
**City-St-Zip:** ST. PETERSBURG, FL 33710

I hereby 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:** ROBERT B MACLAREN

MGR

04/11/2010

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