

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087995

FILED
Apr 29, 2009
Secretary of State

Entity Name: ROBIN EDWARDS & CO, LLC

Current Principal Place of Business:

PO BOX 341435
TAMPA, FL 33694

New Principal Place of Business:

812 COURT ST
CLEARWATER, FL 33756

Current Mailing Address:

PO BOX 341435
TAMPA, FL 33694

New Mailing Address:

812 COURT ST
CLEARWATER, FL 33756

FEI Number: 59-3818407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDUJAR, ROBIN
812 COURT ST
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

ANDUJAR, ROBIN MR
812 COURT ST
CLEARWATER, FL 33756 US

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: ROBIN ANDUJAR

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDUJAR, ROBIN
Address: 148 KEARNY AVENUE
City-St-Zip: PERTH AMBOY, NJ 08861

Title: MGRM () Delete
Name: ANDUJAR, EDWARDS
Address: 1226 S. MISSOURI AVE.
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDUJAR, ROBIN MR
Address: 812 COURT ST
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM (X) Change () Addition
Name: ANDUJAR, EDWARDS MR
Address: 812 COURT ST
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN ANDUJAR

MGMR

04/29/2009

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