

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90062 007 ****50.00

DOCUMENT # L05000098361

1. Entity Name
ROBLE INVESTMENTS, LLC



Principal Place of Business
**15548 SW 39TH STREET
MIRAMAR, FL 33027**

Mailing Address
**15548 SW 39TH STREET
MIRAMAR, FL 33027**

2. Principal Place of Business - No P.O. Box #
15677 SW 53 ST

3. Mailing Address
15677 SW 53 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01022007 Chg-LLC CR2E083 (12/06)

City & State
MIRAMAR FL

City & State
MIRAMAR FL

4. FEI Number
20-3607387

Applied For
Not Applicable

Zip
33027

Country
USA

Zip
33027

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VALLE, SANDRA M
15677 SW 53 STREET
MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VALLE, SANDRA M
15677 SW 53 STREET
MIRAMAR, FL 33027** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PEREZ, OORIAN
15677 SW 53 ST
MIRAMAR, FL 33027** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LABARCES, ALEV
15677 SW 53 ST
MIRAMAR, FL 33027** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FINA DE VALLE, CARMEN
15677 SW 53 ST
MIRAMAR, FL 33027** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #