

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036518

FILED
Jan 15, 2009
Secretary of State

Entity Name: LATROBE TRANSFER SERVICES, LLC

Current Principal Place of Business:

1145 NW 120TH WAY
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

160 ANNA GOODMAN ROAD
LATROBE, PA 15650

New Mailing Address:

FEI Number: 20-4658355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREVATT, KATHY
2135 NW 40TH TERRACE, SUITE D
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

PREVATT, KATHY
2135 NW 40TH TERRACE, SUITE C
GAINESVILLE, FL 32605 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:

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAABE, CHARLES R SR.
Address: 160 ANNA GOODMAN RD
City-St-Zip: LATROBE, PA 15650

Title: MGRM () Delete
Name: RAABE, CHARLES R JR.
Address: 1145 NW 120TH WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: RAABE, DAVID J
Address: 160 ANNA GOODMAN RD
City-St-Zip: LATROBE, PA 15650

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES R RAABE JR

MGRM

01/15/2009

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