

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036518

**FILED**  
**Jan 18, 2010**  
**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:**

1145 NW 120TH WAY  
GAINESVILLE, FL 32606 US

**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 (X)**

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

PREVATT, KATHY  
2135 NW 40TH TERRACE, SUITE C  
GAINESVILLE, FL 32605 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: MGRM  
Name: RAABE, CHARLES R JR  
Address: 160 ANNA GOODMAN RD  
City-St-Zip: LATROBE, PA 15650

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

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: CHARLES R RAABE JR      MGRM      01/18/2010

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