

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036518

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** LATROBE TRANSFER SERVICES, LLC

**Current Principal Place of Business:**

1145 NW 120TH WAY  
GAINESVILLE, FL 32606 US

**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 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

MM

03/08/2011

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