

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052712

Entity Name: ROBERT N WAYNE LLC

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

513 HERMITS TRAIL
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 151054
ALTAMONTE SPRINGS, FL 32715 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAYNE, ROBERT N
513 HERMITS TRAIL
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

WAYNE, CAROLYN K
513 HERMITS TRAIL
ALTAMONTE SPRINGS, FL 32701 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: CAROLYN WAYNE

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WAYNE, ROBERT N
Address: 513 HERMITS TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM () Delete
Name: WAYNE, CAROLYN K
Address: 513 HERMITS TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WAYNE, CAROLYN K
Address: 513 HERMITS TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM (X) Change () Addition
Name: WAYNE, ROBERT N
Address: 513 HERMITS TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: CAROLYN WAYNE

MGR

02/02/2009

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