

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 18, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L06000072619**

1. Entity Name  
**ROBERT OBRYANT LLC**



Principal Place of Business  
**1416 ORIOLE AVENUE  
ORLANDO, FL 32803**

Mailing Address  
**1416 ORIOLE AVENUE  
ORLANDO, FL 32803**



01152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**43-2108958**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**O'BRYANT, ELAINE  
1416 ORIOLE AVENUE  
ORLANDO, FL 32803**

**DO NOT WRITE  
IN THIS SPACE**

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

*Elaine O'Bryant*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-16-8*

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75.**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
O'BRYANT, ELAINE  
1416 ORIOLE AVENUE  
ORLANDO, FL 32803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
O'BRYANT, ROBERT  
1416 ORIOLE AVENUE  
ORLANDO, FL 32803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000789061  
01/22/08-80009-024 138.75

**DO NOT WRITE  
IN THIS SPACE**

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

*Elaine O'Bryant*

*1-16-8*