

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107467

FILED
Apr 25, 2009
Secretary of State

Entity Name: ROBERT NUNN LLC

Current Principal Place of Business:

11211 SOUTH MILITARY TRAIL, #1914
BOYNTON BEACH, FL 33436

New Principal Place of Business:

1015 VENTNOR AVE
F
DELRAY BEACH, FL 33444

Current Mailing Address:

11211 SOUTH MILITARY TRAIL, #1914
BOYNTON BEACH, FL 33436

New Mailing Address:

1015 VENTNOR AVE
F
DELRAY BEACH, FL 33444

FEI Number: 22-3946441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: NUNN, ROBERT
Address: 11211 SOUTH MILITARY TRAIL, #1914
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ST () Delete
Name: NUNN, ROBERT
Address: 11211 SOUTH MILITARY TRAIL, #1914
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NUNN, ROBERT
Address: 1015 VENTNOR AVE F
City-St-Zip: DELRAY BEACH, FL 33444

Title: ST (X) Change () Addition
Name: NUNN, ROBERT
Address: 1015 VENTNOR AVE F
City-St-Zip: DELRAY BEACH, FL 33444

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: ROBERT NUNN

MGR

04/25/2009

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