

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-01-2008 90016 047 ***143.75
L07000045122

FILED

08 MAY 23 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000045122

1. Entity Name
PROFESSIONAL BAND INSTRUMENTS REPAIR LLC



Principal Place of Business
509 TWEED AVE
SEFFNER, FL 33584

Mailing Address
509 TWEED AVE
SEFFNER, FL 33584

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8452914

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, SCOTT
509 TWEED AVE
SEFFNER, FL 33584

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ROBINSON, SCOTT
STREET ADDRESS 509 TWEED AVE
CITY-ST- ZIP SEFFNER, FL 33584

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-29-08

5/23/08