

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073933

**FILED**  
**Feb 12, 2008**  
**Secretary of State**

**Entity Name:** ROBBY MILLS CONSTRUCTION, LLC

**Current Principal Place of Business:**

122 ASHLEY HALL ROAD  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

1115 WAX MYRTLE ROAD  
TALLAHASSEE, FL 32305 US

**Current Mailing Address:**

122 ASHLEY HALL ROAD  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

1115 WAX MYRTLE ROAD  
TALLAHASSEE, FL 32305 US

**FEI Number:** 26-0554671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLS, ROBBY  
122 ASHLEY HALL ROAD  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

MILLS, ROBBY  
1115 WAX MYRTLE ROAD  
TALLAHASSEE, FL 32305 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:** ROBBY MILLS

02/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MILLS, ROBBY  
**Address:** 122 ASHLEY HALL ROAD  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** MILLS, ROBBY  
**Address:** 1115 WAX MYRTLE ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32305 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:** ROBBY MILLS

MGRM

02/12/2008

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