

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90308 040 ***138.75

DOCUMENT # L07000115233

1. Entity Name
THE RUBIA, LLC



Principal Place of Business
**5114 DAMASCUS RD S
JACKSONVILLE, FL 32207 US**

Mailing Address
**5114 DAMASCUS RD S
JACKSONVILLE, FL 32207 US**

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

04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
74-3240173

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SLOAN, JASON
5114 DAMASCUS RD S
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

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

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
SLOAN, PATRICIA K
5114 DAMASCUS RD S
JACKSONVILLE, FL 32207**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
SLOAN, JASON
5114 DAMASCUS RD S
JACKSONVILLE, FL 32207**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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

4/18/08 904-591-6367

Date

Daytime Phone #