

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084248

Entity Name: ROBERT L. MANN III, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2595 COLLEGE STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

5001 SW 20TH ST  
APT # 1804  
OCALA, FL 34474

**Current Mailing Address:**

P.O. BOX 451  
LAKE BUTLER, FL 32054

**New Mailing Address:**

5001 SW 20TH ST  
APT # 1804  
OCALA, FL 34474

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

RUSSELL A. WADE III, P.A.  
155 SE 6TH PLACE  
LAKE BUTLER, FL 32054 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: MGRM  
Name: MANN, ROBERT L III  
Address: 5001 SW 20TH ST  
City-St-Zip: OCALA, FL 34474 US

I hereby 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 L MANN III

MGRM

04/19/2011

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