

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M00000002543

1. Entity Name
ROBBINS-GIOIA, LLC



Principal Place of Business
11 CANAL CENTER PLAZA, STE. 200
ALEXANDRIA, VA 22314

Mailing Address
11 CANAL CENTER PLAZA, STE. 200
ALEXANDRIA, VA 22314

PK

FILED
07 OCT 29 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2011197

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

PK

**DO NOT WRITE
IN THIS SPACE**

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.

**Sue G. Knight
as its agent**

SIGNATURE: *Sue G. Knight*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

700110181767
10/02/07--01038--007 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SLEDGE, MICHAEAL
11 CANAL CENTER PLAZA SUITE 200
ALEXANDRIA, VA 22314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARRISON, BENJAMIN
11 CANAL CENTER PLAZA, STE. 200
ALEXANDRIA, VA 22314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700112029607
11/06/07--01013--018 **100.00

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IN THIS SPACE**

REINSTATEMENT 2007

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: *Benjamin S Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9/26/07

Date

703 706 4015

Daytime Phone #