2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000002543

1. Entity Name
ROBBINS-GIOIA, LLC

FILED
Jul 24, 2008 08:00 AM
Secretary of State

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

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

07162008No Chg-LLC CR2E083 (12/07)

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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.

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 $538.75
Due by September 12, 2008

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SLEDGE, MUCHAEL
STREET ADDRESS	11 CANAL CENTER PLAZA SUITE 200
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	MGR
NAME	HARRISON, BENJAMIN
STREET ADDRESS	11 CANAL CENTER PLAZA, STE. 200
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000956156
07/24/08-80001-014 538.75

DO NOT WRITE IN THIS SPACE

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: _____ 7/16/08 703-706-4015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #