

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000895

Entity Name: ROBERT LEE FOWLER, LLC

FILED  
Jan 13, 2012  
Secretary of State

**Current Principal Place of Business:**

201 ORCHARD STREET  
LEAVENWORTH, WA 98826

**New Principal Place of Business:**

201 ORCHARD STREET  
LEAVENWORTH, WA 98826 UN

**Current Mailing Address:**

201 ORCHARD STREET  
LEAVENWORTH, WA 98826

**New Mailing Address:**

FEI Number: 20-3660140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER, ROBERT  
14090 METROPOLIS AVE SUITE 206  
FT MYERS, FL 33912 US

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

FOWLER, ROBERT  
8890 SALROSE LN, SUITE 106  
FT MYERS, FL 33912 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/13/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FOWLER, ROBERT  
Address: 8890 SALROSE LN, SUITE 106  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR  
Name: J-NISSI  
Address: 7528 CAMERON CIR  
City-St-Zip: FT. MYERS, FL 33912

Title: MGR  
Name: J-JIREH  
Address: 1001 DUTCH ROAD  
City-St-Zip: CARROLLTOWN, PA 15722

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 FOWLER

MGR

01/13/2012

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