

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047653

**Entity Name:** ROBYN G. WALDEN, LLC

**Current Principal Place of Business:**

601 N MIRAMAR AVE  
306  
INDIALANTIC, FL 32903

**Current Mailing Address:**

PO BOX 33145  
INDIALANTIC, FL 32903 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WALDEN, ROBYN G  
601 N MIRAMAR AVE  
306  
INDIALANTIC, FL 32903 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WALDEN, ROBYN G  
Address 601 N MIRAMAR AVE  
306  
City-State-Zip: INDIALANTIC FL 32903

Title AUTHORIZED MEMBER  
Name CARBONELL, JASON CHRISTIAN  
Address 601 N MIRAMAR AVE  
306  
City-State-Zip: INDIALANTIC FL 32903

Title AUTHORIZED MEMBER  
Name CARBONELL, JARROD G  
Address PO BOX 33145  
City-State-Zip: INDIALANTIC FL 32903

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBYN WALDEN

MBRM

03/24/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date