

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047653

Entity Name: ROBYN G. WALDEN, LLC

Current Principal Place of Business:

11670 POINT DRIVE
MERRITT ISLAND, FL 32952

Current Mailing Address:

PO BOX 33759
INDIALANTIC, FL 32903 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALDEN, ROBYN G
11670 POINT DR
MERRITT ISLAND, FL 32952 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 11670 POINT DR
City-State-Zip: MERRITT ISLAND FL 32952

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 G WALDEN

MGRM

04/29/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date