

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000086005

Entity Name: FOB, LLC

Current Principal Place of Business:

820 BENTWATER CIRCLE
UNIT 202
NAPLES, FL 34018

Current Mailing Address:

820 BENTWATER CIRCLE
UNIT 202
NAPLES, FL 34018 US

FEI Number: 46-2985767

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOUNDOS, PHILLIP
820 BENTWATER CIRCLE
UNIT 202
NAPLES, FL 34108 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 FOUNDOS, PHILLIP
Address 5 TWLEVEPENEC COURT
City-State-Zip: MELVILLE NY 11747

Title MGRM
Name BENO, THOMA
Address 1 DORCHESTER DRIVE
City-State-Zip: MUTTONTOWN NY 11545

Title MGR
Name FOUNDOS, JOHANNA
Address 5 TWELVEPENEC COURT
City-State-Zip: MELVILLE NY 11747

Title MGR
Name BENO, CHRISTINE
Address 1 DORCHESTER DRIVE
City-State-Zip: MUTTONTOWN NY 11545

Title MGR
Name OSWALD, JAMES
Address 140 ROXEN ROAD
City-State-Zip: ROCKVILLE CENTER NY 11570

Title MGR
Name OSWALD, DONNA
Address 140 ROXEN ROAD
City-State-Zip: ROCKVILLE CENTER NY 11570

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: THOMA BENO

MANAGER

03/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date