

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000086005

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC4828750464**

**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:**

ALBERT, FOUNDOS  
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:** ALBERT P. FOUNDOS

01/17/2018

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**

01/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date