

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90026 005 ****55.00

DOCUMENT # L02000004742

1. Entity Name
TOBOT, LLC



Principal Place of Business

3904 CORPOREX PARK DRIVE
SUITE 115
TAMPA, FL 33619

Mailing Address

5951 MEMORIAL HWY
BOX #160
TAMPA, FL 33615

62000130



DO NOT WRITE IN THIS SPACE

04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
45-0469656

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOTTORFF, BRUCE A
3904 CORPOREX PARK DR.
SUITE 115
TAMPA, FL 33619
8801 INDUSTRIAL DR
TAMPA FL 33637

**DO NOT WRITE
IN THIS SPACE**

*PLEASE CHANGE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bruce A. Bottorff

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------|
| TITLE | MGRM |
| NAME | BOTTORFF, BRUCE A |
| STREET ADDRESS | 8721 COBBLESTONE DR. |
| CITY-ST-ZIP | TAMPA, FL 33615 |
| TITLE | MGRM |
| NAME | BOTTORFF, JANET M |
| STREET ADDRESS | 8721 COBBLESTONE DR. |
| CITY-ST-ZIP | TAMPA, FL 33615 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Janet Bottorff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/26/04 813)973-3706

Date

Daytime Phone #