

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90234 002 ****50.00

DOCUMENT # L02000007203

1. Entity Name
LOB, LLC



Principal Place of Business

1700 SE 15TH ST
103
FORT LAUDERDALE, FL 33316

Mailing Address

1700 SE 15TH ST
103
FORT LAUDERDALE, FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132004 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3631501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYAL, J. PATRICK
661 SOUTHEAST 14TH COURT, #2
FORT LAUDERDALE, FL 33316

Name David A. Fleisher
Street Address (P.O. Box Number is Not Acceptable)
1700 SE 15th St #103
City Ft Lauderdale FL Zip Code 33316

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FLEISHER, DAVID A
STREET ADDRESS 1700 SE 15TH ST #103
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME SEXTON, DAVID W III
STREET ADDRESS 701 SOUTHWEST 8TH WAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1313 Mandarin Isle
CITY-ST-ZIP 33315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

7/13/04 9544467786

Attachment
14026049

July 14, 2004

Division of Corporations
P.O Box 6478
Tallahassee, FL 32314

RE: Annual Report for LOB, LLC. Document # L02000007203

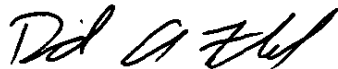
To whom it may concern:

Please note that for the last two years I have not received my Annual Report in the mail for some reason or another. I recently received a "Notice of Intent to Dissolve" post card from the Florida Department of State noting the intent to dissolve LOB, LLC.

Please do not dissolve LOB, LLC. and accept this payment of \$50, the original payment due, as confirmation of my intention to keep the company in existence. This payment is being sent late only because I did not receive the annual report in the mail prior to the filing due date and I ask that you waive any further penalties.

If you have any questions, please feel free to call me at 954-446-7786.

Sincerely,



David Fleisher
Managing Member