2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L02000015058 BOBBY C'S DETAILING SHOP, L.L.C.

Principal Place of Business

Mailing Address

1083 N.COLLIER BLVD #235 MARCO ISLAND, FL 34145

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FILED Feb 24, 2005 8:00 am **Secretary of State**

02-24-2005 90108 015 ****50.00



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01062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3731308

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, ELIZABETHB PH.D 9800 VICTORIA LN #302-C NAPLES: FL-34109-

CITY-ST-ZIP

Duke, Elizabeth B. Duke 1083 N. Calier Blod. #235 Marco Island, FL. 34145

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	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	The abeth with	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstating) DATE
Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	*
NAME	DUKE, ELIZABETH B PH.D : 0831). COLLIEN Block	
STREET ADDRESS	9600 VICTORIA LN #302 # 235	
CITY_ST-ZIP	DUKE, ELIZABETH B PH.D :083 D. Collier Blood, 9600 VICTORIA LN #302 H 235 NAPLES, FL 34109 Marco Island, FL.	
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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.

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

2005

Daytime Phone #