

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

8/1

08-01-2003 90023 038 \*\*\*\*50.00

**DOCUMENT # L02000015058**

1. Entity Name

**BOBBY C'S DETAILING SHOP, L.L.C.**



Principal Place of Business

Mailing Address

9600 VICTORIA LANE  
#302-C  
NAPLES FL 34109

9600 VICTORIA LANE  
#302-C  
NAPLES FL 34109

**55054348**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3731308**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREUSEL, JAMIE B  
1104 N. COLLIER BLVD.  
MARCO ISLAND FL 34145

Name **Elizabeth B. Duke, Ph.D.**

Street Address (P.O. Box Number is Not Acceptable)

**9600 Victoria Lane #302-C**

City **Naples**

FL

Zip Code **34109**

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

**Elizabeth B. Duke, Dr.**

**7-29-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **LAWYER**  
NAME **JAMIE B GREUSEL**  
STREET ADDRESS **1104 NORTH COLLIER BLVD**  
CITY-ST-ZIP **MARCO ISLAND FLORIDA 34145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MANAGER**  
NAME **ELIZABETH B. DUKE PH.D**  
STREET ADDRESS **9600 VICTORIA LANE #302**  
CITY-ST-ZIP **NAPLES FLORIDA 34109**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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:

**Robert J. R. [Signature]**

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

**7-29-03**

Date

Daytime Phone #

**(239)**

**564-9899**

CR2E083 (4/03)

Attachment

55054348  
#1021000015058

Bobby Cannizzaro - Owner/Operator  
30 Years Experience



**Bobby C's Detailing Shop, LLC**  
Xtra Care - Always

Bald Eagle Drive & Barfield  
Located Behind Exxon Car Wash  
Marco Island, Florida

Cell: (239) 564-9899  
Home: (239) 254-0171