


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000015026 1. Entity Name BOB'S GLASS LLC	
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Principal Place of Business 1550 S. HWY 17-92 LONGWOOD, FL 32750	Mailing Address 1550 S. HWY 17-92 LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0780404	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent INMAN, RICHARD D 240 HAMMOCK OAK CIRCLE DEBARY, FL 32713
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES INMAN, RICHARD D MGR 240 HAMMOCK OAK CIRCLE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INMAN, SANDI 240 HAMMOCK OAK CIRCLE DEBARY, FL 32713
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U00000789175 01/22/08-80016-006 138.75 DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Richard Inman <small>Date</small>	1/14/08 407-831-2627 <small>Daytime Phone #</small>
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