2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000026371

1. Entity Name **BOB POPKIN SALES, LLC**



FILED Jul 20, 2006 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

7385 KEALANI DRIVE

BOYNTON BEACH, FL 33437

7385 KEALANI DRIVE

BOYNTON BEACH, FL 33437



07182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0256267 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POPKIN, ROBERT N 7385 KEALANI DRIVE **BOYNTON BEACH, FL 33437**

DO NOT WRITE IN THIS SPACE

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	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Que by Sentember 6, 2006	•	U00000571461

V1/20/U5~80010~005 55.00

MANAGING MEMBERS/MANAGERS 9. MGR TITLE POPKIN, ROBERT N NAME STREET ADDRESS 7385 KEALANI DRIVE CITY-ST-7IP BOYNTON BEACH, FL 33437 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.