


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000029406		
1. Entity Name BOB'S BALLOON CHARTERS, LLC		
Principal Place of Business 425 FAIRVILLA RD ORLANDO, FL 32808	Mailing Address 425 FAIRVILLA RD ORLANDO, FL 32808	
DO NOT WRITE IN THIS SPACE		



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0143720	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent WILAMOSKI, ROBERT P 425 FAIRVILLA RD ORLANDO, FL 32808	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILAMOSKI, ROBERT P 425 FAIRVILLA RD ORLANDO, FL 32808
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**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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **1/17/07 407 466 6380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #