

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L03000043677

1. Entity Name
BOBBY GRAVES WINDOW REPAIR & MIRROR, LLC



Principal Place of Business
**101 WATERVIEW AVENUE
LEHIGH ACRES, FL 33936 US**

Mailing Address
**101 WATERVIEW AVENUE
LEHIGH ACRES, FL 33936 US**



01152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
75-3100554

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRAVES, ROBERT W JR
101 WATERVIEW AVE
LEHIGH ACRES, FL 33971**

**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

Robert Graves Jr.

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

(NOTE: Registered Agent signature required when reinstating)

4/19/08

DATE

**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
**MGR
GRAVES, ROBERT W JR.
101 WATERVIEW AVENUE
LEHIGH ACRES, FL 33971**

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000000895902
04/24/08-80087-014 138.75

**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:

Robert Graves Jr.

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

4/9/08

Date

Daytime Phone #

239-303 1031