

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044593

FILED
Mar 04, 2009
Secretary of State

Entity Name: BOBBY'S WALLPAPER, LLC

Current Principal Place of Business:

11568 ANCONA DR. W.
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

11568 ANCONA DR. W.
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 20-0417361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
554 LOMAX STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: G. RAY DRIVER, JR., P

03/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GILMORE, BOBBIE A
Address: 11568 ANCONA DR. W.
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM () Delete
Name: GILMORE, NANCY A
Address: 11568 ANCONA DR. W.
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GILMORE, BOBBY A
Address: 11568 ANCONA DR. W.
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BOBBY A. GILMORE

MGRM

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date