

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000047104**

1. Entity Name  
**BOB FANNIN PLASTERING LLC**



Principal Place of Business  
**2017 WIGHTMAN AVE.  
SEBRING, FL 33870 US**

Mailing Address  
**2017 WIGHTMAN AVE.  
SEBRING, FL 33870 US**



05222006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0852828**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FANNIN, ROBERT W JR  
2017 WIGHTMAN AVE  
SEBRING, FL 33870**

**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 W Fannin Jr*  
Signature, hand or printed name of registered agent and fee application.

(NOTE: Registered Agent signature required when changing)

DATE

*6-6-06*

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
FANNIN, ROBERT W JR  
2017 WIGHTMAN AVE.  
SEBRING, FL 33870**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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06/08/06-80004-003 55.00

**DO NOT WRITE  
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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: *Robert W Fannin Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*6-6-06*

Date

Day to Process