2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000048936

1. Entity Name

BOBBY JOE HIRES, LLC

Principal Place of Business	Mailing Address
5343 TURNER ROAD PERRY FL 32348	5343 TURNER ROAD PERRY FL 32348

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
5343 Turner Rd	5343 Turner Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Perry Fla	City & State: Perry Fla
Zip: 32348 Country: America	Zip: 32348 Country: America

4. FEI Number 20-0440836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HIRES, BOBBY JOE
5343 TURNER RD
PERRY FL 32348

7. Name and Address of New Registered Agent

Name: Bobby Joe Hires
Street Address (P.O. Box Number is Not Acceptable): 5343 Turner Rd
City: Perry FL Zip Code: 32348

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: Bobby Joe Hires [signature] 1-17-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HIRES, BOBBY JOE		NAME		
STREET ADDRESS	5343 TURNER RD		STREET ADDRESS	U00000399703	
CITY-ST-ZIP	PERRY FL 32348		CITY-ST-ZIP	02/01/06--80021--022 50.00	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HIRES, BRIAN KEITH		NAME		
STREET ADDRESS	5343 TURNER RD		STREET ADDRESS	[illegible]	
CITY-ST-ZIP	PERRY FL 32348		CITY-ST-ZIP	01/24/06--[illegible]--023 150.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bobby Joe Hires [signature] 1-17-06 850-584566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #