

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000048940**

1. Entity Name  
**BOB'S SERVICES, LLC**



Principal Place of Business  
**1427 WILLINGHAM ROAD  
CHULUOTA, FL 32766**

Mailing Address  
**1427 WILLINGHAM ROAD  
CHULUOTA, FL 32766**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**



02142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0473736**

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**

**MASSEY, BOBBY C  
1427 WILLINGHAM ROAD  
CHULUOTA, FL 32766**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MASSEY, BOBBY C
STREET ADDRESS	1427 WILLINGHAM ROAD
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000505702  
04/26/06-80123-024 50.00

**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:**

*Bobby C. Massey* (Bobby C. MASSEY)

4-10-06

407-366-8873

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

Date

Daytime Phone #