

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90002 010 \*\*\*\*50.00

DOCUMENT # L04000003705

1. Entity Name  
BOBBY'S STUCCO LC



Principal Place of Business  
111 CEDAR CREEK CUT OFF ROAD  
PALATKA, FL 32177

Mailing Address  
PO BOX 292  
BOSTWICK, FL 32007

**DO NOT WRITE IN THIS SPACE**



05152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
54-2141173

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

PARRISH, ROBERT E  
111 CEDAR CREEK CUT OFF ROAD  
PALATKA, FL 32177

**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 September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
PARRISH, ROBERT E  
P.O. BOX 292  
BOSTWICK, FL 32007

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
PARRISH, HELEN A  
P.O. BOX 292  
BOSTWICK, FL 32007

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

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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:**

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

Date

Daytime Phone #

8-18-06 (386) 3256963