


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L04000003705 1. Entity Name BOBBY'S STUCCO LLC	
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Principal Place of Business 111 CEDAR CREEK CUT OFF ROAD PALATKA, FL 32177	Mailing Address PO BOX 292 BOSTWICK, FL 32007
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04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2141173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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, 2007**

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
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05/24/07-80067-015 50.00

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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 in 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 entity company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Signature: *Helen Parrish*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/1/07
Date Daytime Phone #