## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000011643

WAYNE, AMBRA M

417 EMMETT ST

City-St-Zip: PALATKA, FL 32177

Name:

Address:

Entity Name: MOBE'S, LLC

FILED Apr 28, 2008 Secretary of State

| Current Principal Place of Business:          |  |  | New Principal Place of Business:            |  |
|---|--|--|---|--|
| 115 DODO<br>PALATKA                           | GE ST<br>, FL 32177                          | US   |   |  |
| Current Mailing Address:                      |  |  | New Mailing Address:                        |  |
| 115 DODO<br>PALATKA                           | GE ST<br>, FL 32177                          | US   |   |  |
| FEI Number                                    | : 84-1672983                                 | FEI Number Applied For ( )                                 | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent: |  |  | Name and Address of New Registered Agent:   |  |
| 115 DODO<br>PALATKA                           | , FL 32177                                   | US   |   |  |
|   | e named entit<br>e of Florida.               | y submits this statement for the                           | purpose of changing its registere           | ed office or registered agent, or both |
| SIGNATU                                       | RE:  |  |   |  |
| Electronic Signature of Registered Age        |  |  | ent Date                                    |  |
| MANAGING MEMBERS/MANAGERS:                    |  |  | ADDITIONS/CHANGES:                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PT<br>WAYNE, BAF<br>115 DODGE<br>PALATKA, FI | ST   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PATEL, JYO<br>953 GRIFFIN                    | ( ) Delete<br>TI DR.<br>I SHORES DR N<br>INE., FL 32080 US | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | S<br>HEISHMAN, I<br>115 DODGE<br>PALATKA, FI | ST   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |
| Title:  | WP   | ( ) Delete   | Title:                                      | ( ) Change ( ) Addition                |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA H WAYNE PT 04/28/2008