

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011643

FILED
Apr 16, 2009
Secretary of State

Entity Name: MOBE'S, LLC

Current Principal Place of Business:

115 DODGE ST
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

115 DODGE ST
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 84-1672983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAYNE, BARBARA H
115 DODGE ST
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PT () Delete
Name: WAYNE, BARBARA
Address: 115 DODGE ST
City-St-Zip: PALATKA, FL 32177 US

Title: VP () Delete
Name: PATEL, JYOTI DR.
Address: 953 GRIFFIN SHORES DR N
City-St-Zip: ST. AUGUSTINE,, FL 32080 US

Title: S () Delete
Name: HEISHMAN, BRUCE A
Address: 115 DODGE ST
City-St-Zip: PALATKA, FL 32177

Title: WVP () Delete
Name: WAYNE, AMBRA M
Address: 417 EMMETT ST
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BARBARA WAYNE

P

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date