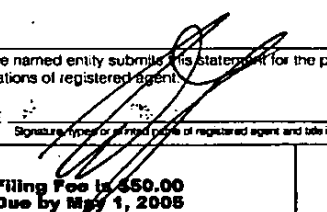
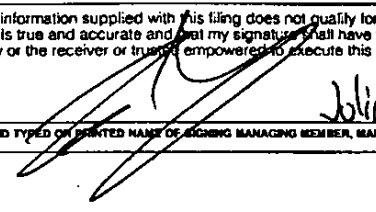


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-06-2005 90027 028 ****50.00

DOCUMENT # L04000019130					
1. Entity Name SANCHEZ & BOBET, LLC					
Principal Place of Business 3105 W CYPRESS ST TAMPA, FL 33607			Mailing Address 3105 W CYPRESS ST TAMPA, FL 33607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0790241	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANCHEZ, JULIAN A 106 SO. ARMENIA AVE TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Julian A. Sanchez Street Address (P.O. Box Number is Not Acceptable) 3105 W. Cypress St. City Tampa FL Zip Code 33607	
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  Julian A. Sanchez DATE 3/18/05 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, JULIAN A P.A. 106 SO. ARMENIA AVE. TAMPA, FL 33609	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOBET, VICTOR M P.A. 106 SO. ARMENIA AVE. TAMPA, FL 33609	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Julian Sanchez DATE 3/18/05 813.872.9747 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					