

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

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**



02062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0790241

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, JULIAN A
3105 WEST CYPRESS STREET
TAMPA, FL 33607**

**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, 2006**

000000504960
04/26/06 80093-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SANCHEZ, JULIAN A P.A.
STREET ADDRESS	106 SO. ARMENIA AVE.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	BOBET, VICTOR M P.A.
STREET ADDRESS	106 SO. ARMENIA AVE.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Julian A. Sanchez

2/6/06

813.872.9747