

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-01-2005 90102 013 ****50.00

DOCUMENT # L04000077171 1. Entity Name WHAT ABOUT BOB?, LLC			
Principal Place of Business 821 103RD AVENUE N. NAPLES FL 34108		Mailing Address 821 103RD AVENUE N. NAPLES FL 34108	
2. Principal Place of Business 821, 103RD AVEN		3. Mailing Address 821, 103RD AVEN	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Naples, FL		City & State Naples, FL	
Zip 34108		Zip 34108	
Country Collier		Country Collier	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, RICHARD R MR 821 103RD AVENUE N NAPLES FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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's signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME YOUNG, RICHARD R MR	☐ Delete	
STREET ADDRESS 821 103RD AVENUE N	☐ Change ☐ Addition		
CITY - ST - ZIP NAPLES FL 34108			
TITLE 	NAME 	☐ Delete	
STREET ADDRESS 	☐ Change ☐ Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	☐ Delete	
STREET ADDRESS 	☐ Change ☐ Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	☐ Delete	
STREET ADDRESS 	☐ Change ☐ Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	☐ Delete	
STREET ADDRESS 	☐ Change ☐ Addition		
CITY - ST - ZIP 			
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: <i>Richard R. Young</i>		Date: 5/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: (239) 438-7877	