

102

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AT:1

06 OCT 27 PM 3:32

DOCUMENT # **L05000003296**

1. Entity Name

A. CARPENTER BOBCAT LC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17161 41st Rd N.

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Loxahatchee, FL

City & State

4. FEI Number
20-2138853

Applied For
Not Applicable

Zip
33470

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Anthony Carpenter

Street Address (P.O. Box Number is Not Acceptable)

17161 41st Rd. N.

City

Loxahatchee

FL

Zip Code
33470

**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 **Anthony Carpenter**

10/24/2006

Signature, typed or printed name of registered agent and title if applicable.

DATE

SEE US \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **Anthony Carpenter**
STREET ADDRESS **17161 41st Rd. N.**
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000081304110
10/27/06--01062--008 **50.00

TITLE **MGRM**
NAME **Hayley Carpenter**
STREET ADDRESS **17161 41st Rd. N.**
CITY-ST-ZIP **Loxahatchee, FL 33470**

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REINSTATEMENT

2006

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: **Hayley Carpenter**

10/24/2006

561-719-3343

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2 of 2

11419 Little Bear Way
Boca Raton, FL 33428
561-483-6888 Tele.
561-483-0054 Fax
Email: sksassociates1@aol.com

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SKS and Associates

October 19, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 OCT 27 PM 3:33

Re: Annual Report Notices
A. Carpenter Bobcat, LLC
Document #: L05000003296

To Whom It May Concern:

Enclosed, please find a UBR for A. Carpenter Bobcat, LLC. We have enclosed a check in the amount of \$50.00. In reviewing the information on the internet, it was revealed to us that we were supposed to receive a postcard notifying the above named of the filing requirements by May 1.

Please note that the above named taxpayer did not receive said notification. Therefore, we are filing this protest and have enclosed, what would have been, the proper fee. Thanking you in advance.

Respectfully submitted,

SKS and Associates / kb

SKS and Associates

SKS/kb

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