

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90015 029 ****50.00

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| DOCUMENT # L05000017067 | | | | | |
| 1. Entity Name FLOBIS, LLC | | | | | |
| Principal Place of Business 7636 SW 51ST BOULEVARD GAINESVILLE, FL 32608 | | | Mailing Address 7636 SW 51ST BOULEVARD GAINESVILLE, FL 32608 | | |
| 2. Principal Place of Business 6495 SW 88 TER | | 3. Mailing Address 6495 SW 88 TER | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Gainesville, FL | | City & State Gainesville, FL | | 4. FEI Number 20-2379223 | |
| Zip 32608 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ANIKIN, YURI A 7636 SW 51ST BOULEVARD GAINESVILLE, FL 32608 | | | 7. Name and Address of New Registered Agent Name: <u>Anikin, Yuri A</u> Street Address (P.O. Box Number is Not Acceptable): <u>6495 SW 88 TER</u> City: <u>Gainesville</u> FL Zip Code <u>32608</u> | | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete ANIKIN, YURI A 7636 SW 51ST BOULEVARD GAINESVILLE, FL 32608 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANIKIN, YURI A 6495 SW 88 TER Gainesville, FL 32608 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Yuri A Anikin / Yuri Anikin</u> / 04-09-06 (352) 935-4529 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____ | | | | | |