

FILED
May 07, 2007 8:00 am
Secretary of State

03-15-2007 90132 004 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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JUN 11 2007

DOCUMENT # L06000036906					
1. Entity Name BOB'S USED HAY "LLC"					
Principal Place of Business 37130 COLEMAN AV DADE CITY, FL 33525 US			Mailing Address 37130 COLEMAN AV DADE CITY, FL 33525 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent NIKOLAI, ROBERT L 37130 COLEMAN AV DADE CITY, FL 33525			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$80.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NIKOLAI, ROBERT L 37130 COLEMAN AV DADE CITY, FL 33525 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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>Robert L. Nikolai</u> 5-3-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					