

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-26-2007 90079 020 ****50.00

DOCUMENT # L06000039530 1. Entity Name BOB MOLLOY L.C.					
Principal Place of Business 10506 OLD GROVE CIRCLE BRADENTON, FL 34212			Mailing Address 10506 OLD GROVE CIRCLE BRADENTON, FL 34212		
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		
4. FEI Number 0611775467					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MOLLOY, BOB 10506 OLD GROVE CIRCLE BRADENTON, FL 34212			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 renouncing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. Owner MANAGING MEMBERS/MANAGERS <i>Pics</i>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. ADDITIONS/CHANGES ☐ Change ☐ Addition				
Bob Molloy LLC 10506 Old Grove Cir Bradenton FL 34212					
B Molloy 10506 Old Grove Cir Bradenton FL 34212					
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: <i>[Signature]</i> 2-14-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					