

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90239 015 ***138.75

DOCUMENT # L06000104675

1. Entity Name

POB, LLC



Principal Place of Business

720 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176

Mailing Address

720 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176



2. Principal Place of Business - No P.O. Box #

823 Dunlanton Ave

Suite, Apt. #, etc.

Suite A

3. Mailing Address

P.O. Box 2042

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Port Orange, FL

City & State

ORMOND Beach, FL

Zip

32127

Country

U.S.A.

Zip

32175

Country

4. FEI Number

20-5784979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

BROCK, JEFFREY P
444 SEABREEZE BLVD., STE. 900
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

D.S. Patel

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

3000 NO. ATLANTIC AVE. #5

City

Daytona Beach,

FL

Zip Code

32118

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GUINDI, SHERIFF
STREET ADDRESS 2300 N. ATLANTIC #1702
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR.
NAME Prestige Realty Associates, Inc.
STREET ADDRESS P.O. Box 2042
CITY-ST-ZIP ORMOND BEACH, FL 32175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

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

3-1-08

Date

386-679-

-0322

Daytona Phone #