

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104675

Entity Name: POB, LLC

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

823 DUNLAUTON AVE  
STE A  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2042  
ORMOND BEACH, FL 32175

**New Mailing Address:**

FEI Number: 20-5784979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, D.S.  
3000 NW ATLANTIC AVE 5  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

PATEL, D.S.  
3000 NO. ATLANTIC AVE 5  
DAYTONA BEACH, FL 32118 US

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.

SIGNATURE:

01/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GUINDI, SHERIFF  
Address: 2300 N. ATLANTIC #1702  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR ( ) Delete  
Name: PRESTIGE REALTY ASSO, CIATES, INC  
Address: POST OFFICE BOX 2042  
City-St-Zip: ORMOND BEACH, FL 32175

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GUINDI, SHERIFF  
Address: 730 SO. ATLANTIC AVE.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DS PATEL, ITS PRESIDENT

MGR

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date