

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005259

Entity Name: BOB APP DESIGN LLC

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9582 HEMINGWAY LN.  
UNIT 3408  
FT. MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

9582 HEMINGWAY LN.  
UNIT 3408  
FT. MYERS, FL 33913

**New Mailing Address:**

FEI Number: 51-0620870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

APPOLLONI, ROBERT J  
9582 HEMINGWAY LN.  
UNIT 3408  
FT. MYERS, FL 34913 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: APPOLLONI, ROBERT J  
Address: 9582 HEMINGWAY LN.  
City-St-Zip: FT, MYERS, FL 33913

Title: MGR  
Name: APPOLLONI, JAN A  
Address: 9582 HEMINGWAY LN.  
City-St-Zip: FT. MYERS, FL 33913

I hereby 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: ROBERT J. APPOLLONI

MR.

03/12/2012

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