

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

FILED
May 27, 2008 8:00 am
Secretary of State

04-25-2008 90030 033 ***138.75

DOCUMENT # L07000029826

1. Entity Name:
LAW OFFICE OF BOB BARNES LLC



Principal Place of Business: **1843 ATLANTIC BLVD
JACKSONVILLE FL 32207**

Mailing Address: **551 EDSON HILL RD
STOWE VT 05672**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

1st MOORE CR2E083 (10/07)

4. FEI Number: **20-8650488**

Applied For: ☐ Not Applicable

5. Certificate of Status Desired: ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**BARNES, ROBERT
1843 ATLANTIC BLVD
JACKSONVILLE FL 32207**

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: _____ 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BARNES, ROBERT M 1843 ATLANTIC BLVD JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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: Bob Barnes **Bob Barnes** 04/09/08 (325) 796-8291

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