

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081523

FILED
Apr 30, 2008
Secretary of State

Entity Name: S.O.B.'S OF NEWBERRY LLC

Current Principal Place of Business:

102 N.W. 250TH ST.
NEWBERRY, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

102 N.W. 250TH ST.
NEWBERRY, FL 32669 US

New Mailing Address:

FEI Number: 65-1314891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLMSTED, SCOTT A
127 LAKE SERENA DRIVE
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

TERHEGGEN, MARK M
102 N.W. 250TH ST.
NEWBERRY, FL 32669 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: MARK TERHEGGEN

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: TERHEGGEN, MARK M
Address: 102 N.W. 250TH ST.
City-St-Zip: NEWBERRY, FL 32669 US

Title: MR () Change (X) Addition
Name: HEFFELFINGER, ED
Address: 8033 N.W. 27TH BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MRS () Change (X) Addition
Name: SMITH, SHERRY
Address: 102 N.W. 250TH ST.
City-St-Zip: NEWBERRY, FL 32669

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: MARK TERHEGGEN

MGRM

04/30/2008

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