

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000038192

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** BOBBY ALLEN LLC

**Current Principal Place of Business:**

2517 SIDELINE BLVD.  
BONIFAY, FL 32425

**New Principal Place of Business:**

2517 SIDELINE BLVD.  
BONIFAY, FL 32425 UN

**Current Mailing Address:**

2517 SIDELINE BLVD.  
BONIFAY, FL 32425

**New Mailing Address:**

**FEI Number:** 45-1445158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, BOBBY J PRES.  
2517 SIDELINE BLVD  
BONIFAY, FL 32425 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:** ALLEN, BOBBY J PRES  
**Address:** 2715 SIDELINE BLVD  
**City-St-Zip:** BONIFAY, FL 32425

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: BOBBY J ALLEN

MGR

04/13/2012

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