

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000144540

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** POB ASSOCIATES, PL

**Current Principal Place of Business:**

1010 KITCHING COVE LANE  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

1657 SE PORT SAINT LUCIE BLVD  
PORT ST. LUCIE, FL 34952 US

**Current Mailing Address:**

1010 KITCHING COVE LANE  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

1657 SE PORT SAINT LUCIE BLVD  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 45-4197385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GIACHINO, FERNANDO M  
17 MARTIN LUTHER KING JR. BLVD.  
SUITE 200  
STUART, FL 34994 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:** MGRM  
**Name:** HICKEY, THOMAS M  
**Address:** 1010 SE KITCHING COVE LANE  
**City-St-Zip:** PORT ST. LUCIE, FL 34952 US

**Title:** MGRM  
**Name:** RANKIN, SEAN R  
**Address:** 2899 SE ITALY STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34952 US

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:** THOMAS M HICKEY

MGRM

03/08/2012

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