

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006252

**FILED**  
**Jan 17, 2008**  
**Secretary of State**

**Entity Name:** BOBER CONSULTING, LLC

**Current Principal Place of Business:**

10680 PBA MEMORIAL BLVD. (NW 25TH STREET)  
SUITE 202  
MIAMI, FL 33172 US

**New Principal Place of Business:**

10680 PBA MEMORIAL BLVD. (NW 25TH STREET)  
SUITE 202  
DORAL, FL 33172 US

**Current Mailing Address:**

P.O. BOX 562767  
MIAMI, FL 33256 US

**New Mailing Address:**

**FEI Number:** 65-0958138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOBER, JOSEPH E ESQ.  
10680 PBA MEMORIAL BLVD. (NW 25TH STREET)  
SUITE 202  
MIAMI, FL 33172 US

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

BOBER, JOSEPH E ESQ.  
10680 PBA MEMORIAL BLVD. (NW 25TH STREET)  
SUITE 202  
DORAL, FL 33172 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:

01/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOBER, JOSEPH E  
Address: P.O. BOX 562767  
City-St-Zip: MIAMI, FL 33256 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH E. BOBER

MGRM

01/17/2008

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