

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90084 023 \*\*\*\*\*50.00

**DOCUMENT # M99000001054**

1. Entity Name

**THE BOBBE FAMILY LLC**



Principal Place of Business

**SANIBEL ARMS WEST SUITE C-8  
827 E. GULF DR.  
SANIBEL FL 33957**

Mailing Address

**678 MORTON AVENUE  
FRANKLIN SQUARE NY 11010**

2. Principal Place of Business

3. Mailing Address

**53 Grosslands Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**B 121**

City & State

City & State

**Valhalla, NY**

Zip

Country

Zip

Country

**10595**

**USA**

4. FEI Number

**52-2184420**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD  
SUITE 508  
MIAMI FL 33156**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **BOBBE, RICHARD A**  
STREET ADDRESS **678 MORTON AVENUE**  
CITY-ST-ZIP **FRANKLIN SQUARE NY 11010**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **BOBBE, CAROL D**  
STREET ADDRESS **678 MORTON AVENUE**  
CITY-ST-ZIP **FRANKLIN SQUARE NY 11010**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**Richard A. Bobbe**

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

**1/6/03 ? (914) 989-8808**

**1/6/03**

Daytime Phone #

CR2E083 (10/02)

0069142