

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90093 001 ****88.75

05-09-2008 90093 002 ****50.00

DOCUMENT # L01000016520

1. Entity Name
BOWER/VERO BEACH, LLC



Principal Place of Business
**ONE S.E. 3RD AVE., STE. 2950
MIAMI, FL 33131**

Mailing Address
**ONE S.E. 3RD AVE., STE. 2950
MIAMI, FL 33131**

30006116



04042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1060774

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FEUERMAN, JONATHAN ESQ.
THERREL BAISDEN, PA-SUNTRUST INTERNATIONAL
ONE S.E. 3RD AVE., STE. ~~2400~~ 2950
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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)

4/21/2008
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWER, WILLIAM J III 15173 SW 34TH ST DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWER, GARY 1374 NW 139TH TERRACE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

4/21/2008
Date

Daytime Phone #