

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000080364

**Entity Name:** DAVID BOWMAN L.L.C.

**Current Principal Place of Business:**

155 DAWSON BROWN RD  
DE LEON SPRINGS, FL 32130

**Current Mailing Address:**

155 DAWSON BROWN RD  
DE LEON SPRINGS, FL 32130 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BOWMAN, DAVID D  
155 DAWSON BROWN RD  
DE LEON SPRINGS, FL 32130 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BOWMAN, DAVID D  
Address 155 DAWSON BROWN  
City-State-Zip: DE LEON SPRINGS FL 32130

Title AUTHORIZED MEMBER  
Name KELLIE , JONES L  
Address 155 DAWSON BROWN ROAD  
City-State-Zip: DE LEON SPRINGS FL 32130

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID BOWMAN

MGRM

04/28/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date