

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000053715

**Entity Name:** BOWERS DISTRIBUTORS LLC

**Current Principal Place of Business:**

12265 JAYBIRD RD  
WEEKI WACHEE, FL 34614

**Current Mailing Address:**

12265 JAYBIRD RD  
WEEKI WACHEE, FL 34614 US

**FEI Number:** 82-0792129

**Certificate of Status Desired:** No

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

BOWERS, ANDREW J  
12265 JAYBIRD RD  
WEEKI WACHEE, FL 34614 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 AUTHORIZED MEMBER  
Name BOWERS, MICHELE L  
Address 12265 JAYBIRD RD  
City-State-Zip: WEEKI WACHEE FL 34614

Title AUTHORIZED MEMBER  
Name BOWERS, ANDREW JAMES  
Address 12265 JAYBIRD RD  
City-State-Zip: WEEKI WACHEE FL 34614

*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:** ANDREW BOWERS

**AUTHORIZED MEMBER**

**04/16/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date