

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000263643

Entity Name: BOWMAN REALTY CONSULTANTS LLC**Current Principal Place of Business:**13450 WEST SUNRISE BOULEVARD
SUITE 320
SUNRISE, FL 33323**Current Mailing Address:**13450 WEST SUNRISE BOULEVARD
SUITE 320
SUNRISE, FL 33323 US**FEI Number:** 84-3646260**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PFEFFER, WILLIAM
13450 WEST SUNRISE BOULEVARD
SUITE 320
SUNRISE, FL 33323 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	MGR
Name	HICKEY, ROBERT
Address	12355 SUNRISE VALLEY DRIVE, STE 520
City-State-Zip:	RESTON VA 20191

Title	MGR
Name	BOWMAN, GARY
Address	12355 SUNRISE VALLEY DRIVE, STE 520
City-State-Zip:	RESTON VA 20191

Title	MGR
Name	POWELL, JUNE
Address	4450 WEST EAU GALLIE BOULEVARD, SUITE 232
City-State-Zip:	MELBOURNE FL 32934

Title	MGR
Name	BRUEN, MICHAEL
Address	12355 SUNRISE VALLEY DRIVE, STE 520
City-State-Zip:	RESTON VA 20191

Title	MGR
Name	FRANCIS, SPENCER
Address	3951 WESTERRE PARKWAY, SUITE 150
City-State-Zip:	RICHMOND VA 23233

Title	MGR
Name	PFEFFER, WILLIAM
Address	13450 WEST SUNRISE BOULEVARD, SUITE 320
City-State-Zip:	SUNRISE FL 33323

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: ROBERT A HICKEY**GENERAL COUNSEL****03/15/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date