2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2025
Secretary of State
9557703252CC

DOCUMENT# L19000263643

Entity Name: BOWMAN REALTY CONSULTANTS LLC

Current Principal Place of Business:

4450 W EAU GALLIE BLVD STE 144
MELBOURNE, FL 32934

Current Mailing Address:

4450 W EAU GALLIE BLVD STE 144
MELBOURNE, FL 32934 US

FEI Number: 84-3646260

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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: ERIK TREUTLEIN 03/04/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	CLO; CORPORATE SECRETARY; EXECUTIVE VP
Name	HICKEY, ROBERT A
Address	12355 SUNRISE VALLEY DRIVE, SUITE 520
City-State-Zip:	RESTON VA 20191

Title	MANAGER
Name	FRANCIS, SPENCER
Address	947 MYERS STREET SUITE B
City-State-Zip:	RICHMOND VA 23230

Title	MANAGER
Name	SANCHEZ, DIANA
Address	4450 W EAU GALLIE BOULEVARD, SUITE 144
City-State-Zip:	MELBOURNE FL 32934

Title	ASSISTANT CORPORATE SECRETARY
Name	WILLIAMS, KATHRYN
Address	12355 SUNRISE VALLEY DRIVE, SUITE 520
City-State-Zip:	RESTON VA 20191

Title	CEO
Name	BOWMAN, GARY P
Address	12355 SUNRISE VALLEY DRIVE, SUITE 520
City-State-Zip:	RESTON VA 20191

Title	MANAGER
Name	HUDSON, KAITLYNN
Address	4450 W EAU GALLIE BOULEVARD, SUITE 144
City-State-Zip:	MELBOURNE FL 32934

Title	CFO; TREASURER; EXECUTIVE VP
Name	LABOVITZ, BRUCE
Address	12355 SUNRISE VALLEY DRIVE, SUITE 520
City-State-Zip:	RESTON VA 20191

Title	MANAGER
Name	PURDUM, BRENT
Address	1219 TURNER WOODS DRIVE
City-State-Zip:	RALEIGH NC 27603

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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 SECRETARY 03/04/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	COO; EXECUTIVE VP; ASSISTANT SECRETARY
Name	SWAYZE, DANIEL
Address	12355 SUNRISE VALLEY DR. SUITE 520
City-State-Zip:	RESTON VA 20191