

2001 UNIFORM BUSINESS REPORT (UBR)

002311 AF

DOCUMENT # L00000005955

1. Entity Name
W.L. BOW, LLC

FILED
01 APR -4 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11010 CRESCENT BAY BLVD
CLERMONT FL 34711

Mailing Address
11010 CRESCENT BAY BLVD
CLERMONT FL 34711



2. Principal Place of Business SAME
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3652157 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
BOW, WILLIAM L
11010 CRESCENT BAY BLVD
CLERMONT FL 34711

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003996041--3
-04/13/01--01014--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William L. Bow **REQUIRED** **3-30-01 (352) 394-0560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)