

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L00000006553

1 Entity Name
BOVINO FAMILY INVESTMENTS, L L C



Principal Place of Business

2201 SOUTH OCEAN BOULEVARD, APT #2803
HOLLYWOOD, FL 33019

Mailing Address

2201 SOUTH OCEAN BOULEVARD, APT #2803
HOLLYWOOD, FL 33019



03212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4 FEI Number
65-1028559

Applied For
Not Applicable

5 Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6 Name and Address of Current Registered Agent

BOVINO, JERALD A
2201 SOUTH OCEAN BOULEVARD, APT #2803
HOLLYWOOD, FL 33019

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with and accept the obligations of registered agent

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9 MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BOVINO, JERALD
STREET ADDRESS 2201 S OCEAN BLVD #2803
CITY ST ZIP HOLLYWOOD, FL 33019

TITLE MGR
NAME BOVINO, ESTER
STREET ADDRESS 2201 S OCEAN BLVD #2803
CITY ST ZIP HOLLYWOOD, FL 33019

TITLE MGR
NAME BOVINO, DAVID
STREET ADDRESS 2201 S OCEAN BLVD #2803
CITY ST ZIP HOLLYWOOD, FL 33019

TITLE MGR
NAME BOVINO, RACHEL
STREET ADDRESS P O BOX 4395
CITY ST ZIP ASPEN, CO 81612

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

U000000698409
04/19/07-80002-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11 I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-30-07 970-925-9095