

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED

Apr 20, 2005 08:00 AM  
Secretary of State

DOCUMENT # L00000007338

1. Entity Name  
B.O.M.H.P., LLC



Principal Place of Business  
15070 EAST COLONIAL  
ORLANDO, FL

Mailing Address  
4141 S. ATLANTIC AVE  
#509  
NEW SMYRNA BEACH, FL 32169



01132005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3653638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEIDE, BARBARA  
4141 SOUTH ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169

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

*Barbara Weide*

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, 2005

U000000319324  
04/20/05-80093-023 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRP  
WEIDE, BARBARA  
4141 S ATLANTIC AVE #509  
NEW SMYRNA BEACH, FL 32169

TITLE  
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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Barbara Weide, Managing member*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/15/05

Date

386-478-3946

Daytime Phone #