

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90016 043 \*\*\*\*50.00

**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

**DO NOT WRITE IN THIS SPACE**



02022006 No Chg-LLC

CR2E083 (11/05)

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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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: Barbara Weide BARBARA WEIDE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/06 386-436-1595