

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90071 018 ****50.00

DOCUMENT # L02000007953 1. Entity Name BOND HOLDINGS, LLC					
Principal Place of Business 3811 PEMBROKE ROAD HOLLYWOOD, FL 33021			Mailing Address 3811 PEMBROKE ROAD HOLLYWOOD, FL 33021		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02262004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 37-1422324				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOND, ART 3811 PEMBROKE ROAD HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE 2/26/04		
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, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOND, ART 3811 PEMBROK RD. HOLLYWOOD, FL 33021	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOND, DAVID 941 N. SR 7 PLANTATION, FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRD, JAMES 941 N. STATE RD. 7 PLANTATION, FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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:				DATE 2/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 954-792-0076	