

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000007953**

1. Entity Name  
**BOND HOLDINGS, LLC**



Principal Place of Business  
**2701 REESE ROAD  
DAVIE, FL 33314**

Mailing Address  
**2701 REESE ROAD  
DAVIE, FL 33314**

**DO NOT WRITE IN THIS SPACE**



02082007 No Chg-LLC

CR2E083 (11/05)

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  
2701 REESE ROAD  
DAVIE, FL 33314**

**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 then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-10-07**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BOND, ART
STREET ADDRESS	2701 REESE ROAD
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	MGRM
NAME	BOND, DAVID
STREET ADDRESS	2701 REESE ROAD
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	MGRM
NAME	BOND, JAMES
STREET ADDRESS	2701 REESE ROAD
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000632878  
02/21/07-80039-020 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 #

**2-10-07**