

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-27-2006 90072 041 \*\*\*\*50.00

**DOCUMENT # L03000003317**

1. Entity Name  
**STACY BOMAR CONSTRUCTION L.L.C.**



Principal Place of Business  
**1616 SW 18 AVE.  
FT. LAUDERDALE, FL 33312-4127**

Mailing Address  
**1616 SW 18 AVE.  
FT. LAUDERDALE, FL 33312-4127**



2. Principal Place of Business  
**811 Renmar Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**811 Renmar Dr.**  
Suite, Apt. #, etc.

01122006 Chg-LLC CR2E083 (11/05)

City & State  
**Plantation, FL**  
Zip  
**33317** Country  
**USA**

City & State  
**Plantation, FL**  
Zip  
**33317** Country  
**USA**

4. FEI Number  
**56-2419006** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOMAR, STACY  
1616 SW 18 AVE.  
FT. LAUDERDALE, FL 33312-4127**

7. Name and Address of New Registered Agent

Name  
**Stacy Bomar**  
Street Address (P.O. Box Number is Not Acceptable)  
**811 Renmar Dr.**  
City  
**Plantation** **FL** Zip Code  
**33317**

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 Stacy Bomar Owner **01/13/06**  
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BOMAR, STACY	1616 SW 18 AVE. 811 Renmar Dr.	FORT LAUDERDALE, FL 33312 Plantation, FL 33317	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Manager	Timothy Bomar	811 Renmar Dr.	Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stacy Bomar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**01/13/06 954576879**  
Date Daytime Phone #