

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021504

1. Entity Name
BOWIE & ASSOCIATES, LLC



FILED

2004 JUL 27 AM 9:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
1646 NW 1ST PLACE, STE 2
MIAMI, FL 33136

Mailing Address
1646 NW 1ST PLACE, STE 2
MIAMI, FL 33136

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number ☒ Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWIE, TATTALA
1646 NW 1ST PLACE, STE 2
MIAMI, FL 33136

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BOWIE, TATTALA
PO BOX 83396
CONYERS, GA 30013

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/27/04