

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90022 009 ***138.75

DOCUMENT # L03000021504

1. Entity Name
BOWIE & ASSOCIATES, LLC



Principal Place of Business
1835 NE MIAMI GARDENS DRIVE
#216
MIAMI, FL 33179

Mailing Address
1835 NE MIAMI GARDENS DRIVE
#216
MIAMI, FL 33179

00040000



07272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1066817

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWIE, TATTALA
1835 NE MIAMI GARDENS DRIVE
#216
MIAMI, FL 33179

**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

Tattala Bowie

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/08
DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOWIE, TATTALA
1835 NE MIAMI GARDENS DRIVE #216
MIAMI, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOWIE, PRINCE T
1835 NE MIAMI GARDENS DRIVE #216
MIAMI, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Tattala Bowie

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

4/11/08

Date

786-301-3365

Daytime Phone #