

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 27, 2005 08:00 AM  
Secretary of State

DOCUMENT # L03000054305

1. Entity Name

BON-AIRE, LLC



Principal Place of Business

407 TRINIDAD DRIVE  
SATELLITE BEACH FL 32937

Mailing Address

407 TRINIDAD DRIVE  
SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1079182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGONIGAL, RICHARD  
407 TRINIDAD DRIVE  
SATELLITE BEACH FL 32937

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2005

U000000200390  
01/28/05-80024-021 50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
MCGONIGAL, RICHARD  
407 TRINIDAD DRIVE  
SATELLITE BEACH FL 32937 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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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: *Richard McGonigal* RICHARD MCGONIGAL 1-24-05 324-777 4497  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #