2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000054975

1. Entity Name
BOWEN'S PLUMBING SUPPLIES, LLC

Principal Place of Business	Mailing Address
2821 N.W. PINE AVE OCALA, FL 34475	2821 N.W. PINE AVE OCALA, FL 34475

01102006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0505170

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOWEN, MARSHA A
2821 N.W. PINE AVE
OCALA, FL 34475

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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 _____

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOWEN, GREGORY A
STREET ADDRESS	2821 N.W. PINE AVE
CITY ST ZIP	OCALA, FL 34475
TITLE	MGRM
NAME	BOWEN, MARSHA A
STREET ADDRESS	2821 N.W. PINE AVE
CITY ST ZIP	OCALA, FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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01/20/06-80032-004 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 605, Florida Statutes.

SIGNATURE: Marsha Bowen, Managing Mem. 1/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Marsha Bowen