

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000012040 1. Entity Name BOWMAN MASONRY LLC	
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Principal Place of Business 1609 WILL LEE ROAD BONIFAY, FL 32425	Mailing Address 1609 WILL LEE ROAD BONIFAY, FL 32425
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02212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0594253	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOWMAN, MICKEY 1609 WILL LEE ROAD BONIFAY, FL 32425

**DO NOT WRITE
IN THIS SPACE**

6. 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 retreating) DATE

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

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWMAN, MICKEY 1609 WILL LEE ROAD BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWMAN, DIANNE 1609 WILL LEE ROAD BONIFAY, FL 32425
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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:  **DIANNE L Bowman** 02/24/06 850-547-5174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #