

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000013766

1. Entity Name
EDWARD BOWERSOX, LLC



Principal Place of Business
**25412 PUNKIN CENTER RD
HOWEY-IN-THE-HILLS, FL 34737**

Mailing Address
**25412 PUNKIN CENTER RD
HOWEY-IN-THE-HILLS, FL 34737**



01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1466590

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BOWERSOX, EDWARD W
25412 PUNKIN CENTER RD
HOWEY-IN-THE-HILLS, FL 34737**

**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 N/A
Signature, typed or printed name of registered agent and the filer (NOTE: Registered Agent signature required when changing) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **BOWERSOX, EDWARD W**
STREET ADDRESS **25412 PUNKIN CENTER RD**
CITY-ST-ZIP **HOWEY-IN-THE-HILLS, FL 34737**

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04/18/06-80065-010 50.00

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

Date

Daytime Phone #

352-324-3076