

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90352 039 *****50.00

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1. Entity Name

BART LLC



Principal Place of Business

4937 21ST PLACE SW
NAPLES FL 34116

Mailing Address

4937 21ST PLACE SW
NAPLES FL 34116

2. Principal Place of Business

2640 White Blvd

3. Mailing Address

2640 White Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34117

Country

US

Zip

34117

Country

US

4. FEI Number

20-1242861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, TONY D
2640 WHITE BLVD
NAPLES FL 34117

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME BOWMAN, TONY D
STREET ADDRESS 2640 WHITE BLVD
CITY-ST-ZIP NAPLES FL 34117

TITLE MGRM ☐ Delete
NAME OBODICH, ROGER R
STREET ADDRESS 1534 LINHART AVE
CITY-ST-ZIP FT MUERS FL 33901

TITLE MGRM ☐ Delete
NAME MUNN, BRUCE W
STREET ADDRESS 1009 29TH AVE. NORTH
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE MGRM ☒ Change ☐ Addition
NAME Munn, Bruce W
STREET ADDRESS 1009 29th Ave North
CITY-ST-ZIP Naples FL 34103

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

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

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:

Tony D. Bowman

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

Date

Daytime Phone #