

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000044045	
1. Entity Name BART LLC	

Principal Place of Business 2640 WHITE BOULEVARD NAPLES FL 34117 US	Mailing Address 2640 WHITE BOULEVARD NAPLES FL 34117 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-1242861	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOWMAN, TONY D 2640 WHITE BLVD NAPLES FL 34117
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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 Tony D. Bowman DATE 02/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BOWMAN, TONY D 2640 WHITE BLVD NAPLES FL 34117 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM OBODICH, ROGER R 1534 LINHART AVE FT MUERS FL 33901 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MUMM, BRUCE W 1009 29TH AVE. NORTH NAPLES FL 34103 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

U000000652375
03/12/07-80015-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Tony D. Bowman DATE 02/26/07 235-352-1804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE