

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90081 013 ****50.00

DOCUMENT # L04000055294

1. Entity Name
VERNIS & BOWLING OF SOUTHERN ALABAMA, LLC



Principal Place of Business
**164 SAINT EMANUEL ST
1ST FL
MOBILE, AL 36602**

Mailing Address
**884 US HWY 1
NORTH PALM BEACH, FL 33408**

60019138



2. Principal Place of Business - No P.O. Box #

204 S. Royal St.

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

02032007 Chg-LLC CR2E083 (12/06)

City & State
Mobile, AL

City & State

4. FEI Number
51-0514779

Applied For
Not Applicable

Zip
36602

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BOWLING, ROBERT C
1680 N.E. 135 STREET
NORTH MIAMI, FL 33181**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
BOWLING, ROBERT C
1680 N.E. 135 STREET
NORTH MIAMI, FL 33181** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
VERNIS, G. JEFFREY
884 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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☐ Delete

TITLE
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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

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☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

2/23/07 561-775-9822