

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000055294

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



Principal Place of Business
**204 SOUTH ROYAL ST
MOBILE, AL 36602**

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



01122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0514779

Applied For
Not Applicable

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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UD00000923820
05/16/08-80038-004 138.75

**DO NOT WRITE
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: _____

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

4.23.08

Date

561-775-9822

Daytime Phone #