

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # L04000059659

1. Entity Name
BODLAND LLC



Principal Place of Business

**840 E. OAKLAND PARK BLVD
SUITE 110
FT. LAUDERDALE, FL 33334**

Mailing Address

**840 E. OAKLAND PARK BLVD
SUITE 110
FT. LAUDERDALE, FL 33334**



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1658959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHN, ALAN B
100 W CYPRESS CREEK ROAD
FT. LAUDERDALE, FL 33309**

**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	MGR
NAME	ZAMIR, ELI
STREET ADDRESS	840 E. OAKLAND PARK BLVD, SUITE 110
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334

TITLE	MGR
NAME	CHESS, AMOS
STREET ADDRESS	840 E. OAKLAND PARK BLVD, SUITE 110
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334

TITLE	
NAME	
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CITY-ST-ZIP	

**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:

ELI ZAMIR

1/10/08

954 565 5501

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

Date

Daytime Phone #