

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90031 011 ****50.00

DOCUMENT # L04000072082

1. Entity Name
BODKIN MEETINGS AND CONVENTIONS, LLC



Principal Place of Business
**2563 CAPITAL CIR. MEDICAL BLVD.
TALLAHASSEE, FL 32308**

Mailing Address
**2563 CAPITAL CIR. MEDICAL BLVD.
TALLAHASSEE, FL 32308**

20042616



DO NOT WRITE IN THIS SPACE

04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3744403

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BODKIN, JANE
4008 BRANDON HILL DRIVE
TALLAHASSEE, FL 32309**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BODKIN, JANE D
STREET ADDRESS	4008 BRANDON HILL DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	MGRM
NAME	BODKIN, LARRY E JR.
STREET ADDRESS	4008 BRANDON HILL DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	MGRM
NAME	DEWITT, WAYNE T
STREET ADDRESS	1788 RIVERBIRCH HOLLOW
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____

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

Date

Daytime Phone #

4-30-06 850-531-8343