

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90124 026 ****50.00

DOCUMENT # L04000082494 1. Entity Name BOMBON CHARTERS, LLC					
Principal Place of Business 5768 SW 94 STREET PINECREST, FL 33156			Mailing Address 5768 SW 94 STREET PINECREST, FL 33156		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PINERO, JOSE R 5768 SW 94 STREET PINECREST, FL 33156			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 reappointing) DATE					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	PINERO, JOSE R		NAME		
STREET ADDRESS	5768 SW 94 STREET		STREET ADDRESS		
CITY - ST - ZIP	PINECREST, FL 33156		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			JOSE PINERO		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/28/05 Daytime Phone # (305) 557-9300		

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04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1872699** Applied For ☐ Not Applicable ☒

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