

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000002635

1. Entity Name
BOHICA GROUP, L.L.C.



Principal Place of Business
**23355 JANICE AVE UNIT 1
PORT CHARLOTTE, FL 33980**

Mailing Address
**23355 JANICE AVE UNIT 1
PORT CHARLOTTE, FL 33980**



02142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2141175

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVERENZ, PATRICIA J
23355 JANICE AVE, UNIT 1
PORT CHARLOTTE, FL 33980**

**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**

**000000831550
02/27/08-80024-020 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEVERENZ, PATRICIA J
4025 SAN MASSIMO DR
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEE, RUSSELL L
1835 CITRON ST
PORT CHARLOTTE, FL 33980**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Patricia J. Leverenz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

8/14/08 941-689-7590