

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/18/2006-90009-003-\$50.00-\$50.00

DOCUMENT # L05000018679

1. Entity Name
BODNARCHUK INVESTMENTS, LLCSECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 18 AM 9:25

Principal Place of Business
C/O BILL T. SMITH JR P.A.
980 NORTH FEDERAL HIGHWAY STE 402
BOCA RATON, FL 33432
Mailing Address
C/O BILL T. SMITH JR P.A.
980 NORTH FEDERAL HIGHWAY STE 402
BOCA RATON, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172008

Chg-LLC

CR2E083 (11/05)

4. FD Number

14-7935686

Applied For
Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, BILL T JR
980 N. FEDERAL HIGHWAY STE 402
BOCA RATON, FL 33432

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

Bill T Smith Jr Registered Agent

1/25/06

Filing Fee is \$50.00
Due by May 1, 2006Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
BODNARCHUK, ROMAN
STREET ADDRESS
980 NORTH FEDERAL HIGHWAY STE 402
CITY-ST-ZIP
BOCA RATON, FL 33432☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 member 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #