

# LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90095 002 \*\*\*\*50.00

DOCUMENT # **L05000072047**

1. Entity Name

**Tim T. Bokmuller LLC.**



**DO NOT WRITE IN THIS SPACE**

**20052156**

**V**

2. Principal Place of Business

**17820 BERMUDA DUNES DR.**

Suite, Apt. #, etc.

3. Mailing Address

**17820 BERMUDA DUNES DR.**

Suite, Apt. #, etc.

CR2E083B (8/05)

City & State

**FT. MYERS, FL.**

City & State

**FT. MYERS, FL**

4. FEI Number

**71-0986350**

Applied For

Not Applicable

Zip

**33912**

Country

**LEE**

Zip

**33912**

Country

**LEE**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Tim Bokmuller**

Street Address (P.O. Box Number is Not Acceptable)

**17820 BERMUDA DUNES DR.**

City

**FT. MYERS FL**

**FL**

Zip Code

**33912**

**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.

**N/A**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGK**  
NAME **TIM BOKMULLER**  
STREET ADDRESS **17820 BERMUDA DUNES DR.**  
CITY-ST-ZIP **FT. MYERS, FL 33912**

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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:

**Tim Bokmuller**

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

**340306 239-994-5833**

Date

Daytime Phone #