

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072817

FILED
Apr 24, 2009
Secretary of State

Entity Name: BOMBG LLC

Current Principal Place of Business:

1717 SECOND STREET STE. D
SARASOTA, FL 34236

New Principal Place of Business:

8820 FOUNDERS CIR
PALMETTO, FL 34221

Current Mailing Address:

1717 SECOND STREET STE. D
SARASOTA, FL 34236

New Mailing Address:

8820 FOUNDERS CIR
PALMETTO, FL 34221

FEI Number: 54-2177728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMGARDNER, WILLIAM
8820 FOUNDERS CIRCLE
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAUMGARDNER, WILLIAM
Address: 8820 FOUNDERS CIRCLE
City-St-Zip: PALMETTO, FL 34236

Title: MGRM () Delete
Name: BAUMGARDNER, NANCY
Address: 8820 FOUNDERS CIRCLE
City-St-Zip: PALMETTO, FL 34236

Title: MGRM () Delete
Name: BAUMGARDNER, BRET
Address: 8820 FOUNDES CIRCLE
City-St-Zip: PALMETTO, FL 34236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM BAUMGARDNER

MGR

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date