2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:23

DOCUMENT # L05000075512

1. Entity Name
RAYMOND THEODORE BOWSER LLC

Principal Place of Business	Mailing Address
259 HUNTERS POINT TRAIL LONGWOOD, FL 32779	259 HUNTERS POINT TRAIL LONGWOOD, FL 32779

09132006 Chg-LLC CR2E083 (11/05)

	2. Principal Place of Business	3. Mailing Address
Street	2445 Breeze Meadow Rd	2445 Breeze Meadow Rd
Suite, Apt. #, etc.		
City & State	Apopka, FL	Apopka, FL
Zip	32712	32712
Country	USA	USA

4. FEI Number 54-2181083 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOWSER, RAY
259 HUNTERS POINT TRAIL
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name: Bowser, Ray
Street Address (P.O. Box Number is Not Acceptable): 2445 Breeze Meadow Rd
City: Apopka FL Zip Code: 32712

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

Filing Fee is $50.00
Due by September 15, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOWSER, RAY 259 HUNTERS POINT TRAIL LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Bowser, Ray 2445 Breeze Meadow Rd. Apopka, FL 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700080003447 09/20/06--01054--010 **50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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 receiver 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 #