

L050000112707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

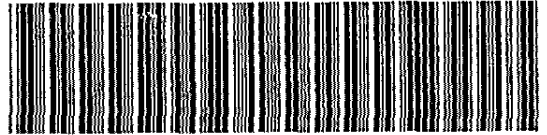
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -9 AM 9:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2007

DOUGLAS TROY BOWMAN
3512 SE 18TH AVE
OCALA, FL 34471

SUBJECT: BOWMAN BROTHERS PROPERTIES, LLC
Ref. Number: L05000112707

We have received your document for BOWMAN BROTHERS PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 706A00071152

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bowman Brothers Properties LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas Troy Bowman
(Name of Person)

Bowman Brothers Properties LLC
(Firm/Company)

3512 SE 18th Ave
(Address)

Ocala FL 34471
(City/State and Zip Code)

For further information concerning this matter, please call:

Troy Bowman at (352) 390-8897
(Name of Person) (Area Code & Daytime Telephone Number)
352-427-5484

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Bowman Brothers Properties
2. The mailing address of the limited liability company is: 3512 SE 18th Ave
Ocala 34471 (New) 6602 Franconia Dr. Orlando, 32812 (OLD)
3. Date of filing/registration in Florida: 11/17/05
4. Document number: 405000112707

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Douglas T. Bowman
Name
6602 Franconia Dr.
Address
Orlando FL 32812
City, State and Zip

6. The name and address of the new registered agent and/or office:

Douglas T. Bowman
Name
3512 S.E. 18th Ave.
Florida street address (P.O. Box NOT acceptable)
Ocala FL 34471
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Douglas Troy Bowman
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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