

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000117671**

1. Entity Name  
**BONAVENTURES, LLC.**



Principal Place of Business  
**5055 WILES ROAD  
12-104  
COCONUT CREEK, FL 33073**

Mailing Address  
**4101 CORAL TREE CIRCLE  
#313  
COCONUT CREEK, FL 33073**

**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-4036461**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SACCO, MICHAEL A  
4101 CORAL TREE CIRCLE  
313  
COCONUT CREEK, FL 33073**

**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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
THOMAS, PATRICIA A  
108-02 DITMARS BLVD  
EAST ELMHURST, NY 11369**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JAUNAI, DAVID  
84 FRANCES DRIVE  
HOPEWELL JUNCTION, NY 12533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000796434  
01/29/08-80033-016 138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #