

Jan-03-07 02:17P LANEY'S ACCOUNTING

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90036 031 ****50.00

DOCUMENT # L06000016360

Entity Name
BOWDEN TRUCKING & LAND DEVELOPMENT LLC



Principal Place of Business
6917 CAMPFLOWERS ROAD
YOUNGSTOWN, FL 32466

Mailing Address
6917 CAMPFLOWERS ROAD
YOUNGSTOWN, FL 32466

600000000

1. Principal Place of Business - No P.O. Box #

2. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FFI Number

20-4313139

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWDEN, DAVID A
6917 CAMPFLOWERS ROAD
YOUNGSTOWN, FL 32466

Name

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

City

FL

Zip Code

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 re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBER(S)/MANAGERS

TITLE	MGRM	☐ Delete
NAME	BOWDEN, DAVID A	
STREET ADDRESS	6917 CAMPFLOWERS ROAD	
CITY - ST - ZIP	YOUNGSTOWN, FL 32466	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
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CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 #

1-7-07

850-527-7715