

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000038373

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** BONAFIDE INVESTMENTS, LLC

**Current Principal Place of Business:**

225 NORTH JEFFERSON ST  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

215 N JEFFERSON ST  
MONTICELLO, FL 32344 US

**Current Mailing Address:**

225 NORTH JEFFERSON ST  
MONTICELLO, FL 32344 US

**New Mailing Address:**

215 NORTH JEFFERSON ST  
MONTICELLO, FL 32344 US

**FEI Number:** 20-4695374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SURLES, JAMES T III  
225 NORTH JEFFERSON STREET  
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

SURLES, JAMES T III  
215 NORTH JEFFERSON STREET  
MONTICELLO, FL 32344 US

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:

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SURLES, JAMES T JR  
Address: 215 NORTH JEFFERSON STREET  
City-St-Zip: MONTICELLO, FL 32344 US

Title: MGR  
Name: SURLES, JAMES T III  
Address: 215 NORTH JEFFERSON STREET  
City-St-Zip: MONTICELLO, FL 32344 US

I hereby 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: JAMES T SURLES JR

MGR

04/16/2012

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