

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000105679

1. Entity Name
BOFAM, LLC



Principal Place of Business
5705 S. FLORIDA AVENUE
LAKELAND, FL 33813

Mailing Address
5705 S. FLORIDA AVENUE
LAKELAND, FL 33813



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5781510

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BODINE, BRUCE M
5705 S. FLORIDA AVENUE
LAKELAND, FL 33813

**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 MGRM
NAME BODINE, BRUCE M
STREET ADDRESS 1142 LONGWOOD OAKS BLVD.
CITY-ST-ZIP LAKELAND, FL 33811

TITLE MGRM
NAME BODINE, MARY KAY
STREET ADDRESS 1142 LONGWOOD OAKS BLVD.
CITY-ST-ZIP LAKELAND, FL 33811

TITLE MGRM
NAME BODINE, MARK H
STREET ADDRESS 5840 LAKE VICTORIA COVE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE MGRM
NAME BODINE, CAREN H
STREET ADDRESS 5840 LAKE VICTORIA COVE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/11/08-80026-013.138.75

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:

Mary Kay Bodine Mary Kay Bodine

1-8-07

Tues. 10:40 AM

863-646-5704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #