

2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90484 037 ****50.00

DOCUMENT # L06000109822

1. Entity Name

BOWMAN FARM LLC



Principal Place of Business

Mailing Address

21701 DALIOUS TRAIL
EUSTIS FL 32736

21701 DALIOUS TRAIL
EUSTIS FL 32736

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

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

Applied For

☒ Not Applicable

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

BOWMAN, SHANNON L
21701 DALIOUS TRAIL
EUSTIS FL 32736

Name

Shannon Bowman

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

21701 Dalious Trail

City

Eustis

FL

Zip Code

32736

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 registering)

DATE

2.27.07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~OWNER~~ ☐ Delete
NAME ~~Shannon Bowman~~
STREET ADDRESS ~~21701 Dalious Trail~~
CITY ST ZIP ~~Eustis, FL 32736~~

TITLE MGR ☐ Change ☒ Addition
NAME Shannon Bowman
STREET ADDRESS 21701 Dalious trail
CITY ST ZIP Eustis FL 32736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY ST ZIP

TITLE ☐ Delete
NAME
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 Section 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

Shannon Bowman 2.27.07

Date

Daytime Phone #

507 448 1619