


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90366 029 \*\*\*\*55.00

<b>DOCUMENT # L06000121157</b> 1. Entity Name <b>BONITA SALES LLC</b>			
Principal Place of Business <b>27150 DRIFTWOOD DRIVE BONITA SPRINGS, FL 34135</b>		Mailing Address <b>27150 DRIFTWOOD DRIVE BONITA SPRINGS, FL 34135</b>	
2. Principal Place of Business - No P.O. Box # <b>3803 Woodlake</b>		3. Mailing Address <b>3803 Woodlake</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Bonita Springs FL</b>		City & State <b>Bonita Springs FL</b>	
Zip <b>34134</b>		Zip <b>34134</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOHNSON, LANCE B 27150 DRIFTWOOD DRIVE BONITA SPRINGS, FL 34135</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, LANCE B 27150 DRIFTWOOD DRIVE BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date: <b>4.15.07</b> Daytime Phone #: <b>216-225-3457</b>	