FILED
Mar 27, 2008 8:00 am
Secretary of State

03-05-2008 90209 044 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000030842

1. Entity Name
BOWDEN HOME IMPROVEMENTS LLC

Principal Place of Business	Mailing Address
370 S JOHN SIMS PARKWAY VALPARAISO, FL 32580	370 S JOHN SIMS PARKWAY VALPARAISO, FL 32580
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02112008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-8684295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~INGRAM, DOUG~~
~~912 S PALM BLVD~~
~~STE E~~
~~NICEVILLE, FL 32578~~

7. Name and Address of New Registered Agent

Name: James Bowden
Street Address (P.O. Box Number is Not Acceptable): 370 S John Sims Pkwy
City: Valparaiso FL Zip Code: 32580

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: James A Bowden — 2-28-08
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOWDEN, JAMES 370 S JOHN SIMS PARKWAY VALPARAISO, FL 32580	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: James A Bowden — 2-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #