


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90050 010 ***143.75

DOCUMENT # L07000083732					
1. Entity Name BOWSET-MOA, LLC					
Principal Place of Business 11515 BELMACK BLVD S ODESSA, FL 33556 US			Mailing Address 11515 BELMACK BLVD S ODESSA, FL 33556 US		
2. Principal Place of Business - No P.O. Box # 6035 SEA RANCH DR.		3. Mailing Address P.O. Box 7335			
Suite, Apt. #, etc. 400		Suite, Apt. #, etc.			
City & State HUDSON, FLORIDA		City & State HUDSON, FLORIDA		4. FEI Number 26-0729556	
Zip 34667		Country PASCO		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip 34667		Country PASCO		6. Name and Address of Current Registered Agent	
Zip 34667		Country PASCO		7. Name and Address of New Registered Agent	
BRIAN SETTLEMIRE, INC 11515 BELMACK BLVD S ODESSA, FL 33556				Name THOMAS BOWMAN	
				Street Address (P.O. Box Number is Not Acceptable) 6035 SEA RANCH DRIVE #400	
				City HUDSON	
				State FL	
				Zip Code 34667	
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 <u>Thomas Bowman</u> THOMAS BOWMAN				DATE 4-24-08	
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 BRIAN SETTLEMIRE, INC 11515 BELAMCK BLVD S ODESSA, FL 33556	<input checked="" 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	MGRM BOWMAN, THOMAS P.O. BOX 7335 HUDSON, FL 34674	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWMAN, THOMAS 6035 SEA RANCH DR. #400 HUDSON, FL. 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWMAN, LINDA P.O. BOX 7335 HUDSON, FL 34674	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWMAN, LINDA 6035 SEA RANCH DR. #400 HUDSON, FL. 34667 <input checked="" 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	MGRM BOWMAN, BRENT 1733 BOY SCOUT RD. ODESSA, FL. 33556 <input type="checkbox"/> Change <input checked="" 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: <u>Thomas Bowman</u> THOMAS BOWMAN				Date 4-24-08 Daytime Phone # 727-869-0840	