

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90077 037 ***138.75

DOCUMENT # L07000097315					
1. Entity Name BONIS ENTERPRISES, LLC					
Principal Place of Business 2514 SE MARSEILLE STREET PORT ST. LUCIE, FL 34952 US			Mailing Address 2514 SE MARSEILLE STREET PORT ST. LUCIE, FL 34952 US		
2. Principal Place of Business - No P.O. Box # 2585 SE HALLAHAN ST.					
Suite, Apt. #, etc.			3. Mailing Address 2585 SE HALLAHAN ST.		
City & State			Suite, Apt. #, etc. Port St Lucie		
City & State FL			City & State FL		
Zip 34952		Country		Country	
6. Name and Address of Current Registered Agent BONIS, PATRICIA J 2514 SE MARSEILLE STREET PORT ST. LUCIE, FL 34952					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONIS, PATRICIA J 2514 SE MARSEILLE STREET PORT ST. LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2585 SE HALLAHAN ST	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: Aug 28, 08 72-337-1130					
Daytime Phone #					