

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023769

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** GBOWEN, LLC

**Current Principal Place of Business:**

1050 SNIVELY AVE.  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

1050 SNIVELY AVE.  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

1050 SNIVELY AVE.  
WINTER HAVEN, FL 33884

**New Mailing Address:**

PO BOX 1819  
WINTER HAVEN, FL 33882

**FEI Number:** 26-2166157

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

CASEY, ALLAN L ESQ.  
395 AVENUE C, N.W.  
WINTER HAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOWEN, GILBERT  
Address: P.O. BOX 218  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GILBERT BOWEN

MGMR

02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date