

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091991

Entity Name: BAWKIN ENTERPRISES, LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

55 NW ROBINWOOD DR.  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**  
55 NW ROBINWOOD DR.  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

FEI Number: 26-3441801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BAWKIN, GEORGE R  
55 NW ROBINWOOD DR.  
FT. WALTON BEACH, FL 32548 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: MGR ( ) Delete  
Name: BAWKIN, GEORGE R  
Address: 55 NW ROBINWOOD DR.  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Delete  
Name: BAWKIN, VILMA L  
Address: 55 NW ROBINWOOD DR.  
City-St-Zip: FT. WALTON BEACH, FL 32548 US

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

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: GEORGE R. BAWKIN

MGR

05/01/2009

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