

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108142

Entity Name: BOWMAN MOORE, L.L.C.

FILED  
Jun 25, 2009  
Secretary of State

**Current Principal Place of Business:**

9 PEPITA STREET  
FORT MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

523 RHODE ISLAND AVE  
NORFOLK, VA 23508

**New Mailing Address:**

FEI Number: 26-3753450      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:**

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

BOWMAN, SHERYL A  
9 PEPITA STREET  
FORT MYERS BEACH, FL 33931      US

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: MOORE, JASON C  
Address: 523 RHODE ISLAND AVE  
City-St-Zip: NORFOLK, VA 23508 US

Title: MGRM      ( ) Delete  
Name: BOWMAN, SHERYL A  
Address: 9 PEPITA STREET  
City-St-Zip: FORT MYERS BEACH, FL 33931

**ADDITIONS/CHANGES:**

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: JASON C MOORE

MR.

06/25/2009

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