

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000023938

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** BOWE PROPERTY HOLDINGS, LLC

**Current Principal Place of Business:**

10284 CREPE JASMINE LANE  
FT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

10284 CREPE JASMINE LANE  
FT MYERS, FL 33913

**New Mailing Address:**

**FEI Number:** 26-4494510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KNOTT, GEORGE H ESQ  
1625 HENDRY STREET STE 301  
FT MYERS, FL 33901 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  
**Name:** BOWE, KRISTIN B  
**Address:** 10284 CREPE JASMINE LANE  
**City-St-Zip:** FT MYERS, FL 33913

**Title:** MGRM  
**Name:** BOWE, CAROLYN S  
**Address:** 10284 CREPE JASMINE LANE  
**City-St-Zip:** FT MYERS, FL 33913

**Title:** MGRM  
**Name:** BOWE, DAVID L SR  
**Address:** 10284 CREPE JASMINE LANE  
**City-St-Zip:** FT MYERS, FL 33913

I hereby 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:** CAROLYN S BOWE

MGRM

01/17/2012

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