

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063054

Entity Name: BURKINS BOWLING, LLC

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2649 TIMACQUA DR.  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

**Current Mailing Address:**

2649 TIMACQUA DR.  
HOLIDAY, FL 34691 US

**New Mailing Address:**

FEI Number: 27-2938383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILKINS, JENNIFER  
8605 PERSEA COURT  
TRINITY, FL 34655 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: BURKART, GERALD M JR  
Address: 2649 TIMACQUA DR  
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGRM  
Name: BURKART, NANCY W  
Address: 2649 TIMACQUA DR  
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGRM  
Name: WILKINS, JENNIFER L  
Address: 8605 PERSEA COURT  
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM  
Name: WILKINS, THOMAS F  
Address: 8605 PERSEA COURT  
City-St-Zip: TRINITY, FL 34655 US

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: GERALD BURKART, JR

MGRM

02/19/2012

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