

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L94000000194

1. Entity Name
BOND FAMILY, L.C.



Principal Place of Business
**5158 SEA CHASE DR. #4
AMELIA ISLAND, FL 32034**

Mailing Address
**5158 SEA CHASE DR. #4
AMELIA ISLAND, FL 32034**



01092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0496043

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOND, PETER
5158 SEA CHASE DR. #4
AMELIA ISLAND, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
BOND, PETER D
5158 SEA CHASE DR. #4
AMELIA ISLAND, FL 32034**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MEM
BOND, CAROL
5158 SEA CHASE DR. #4
AMELIA ISLAND, FL 32034**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000011544
01/23/04-80011-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

PETER D. BOND, MGR 1/09/04

Date

Daytime Phone #

9042776958