

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000043621

**Entity Name:** BOWES IMAGING CENTER, LLC

**Current Principal Place of Business:**

6207CORTEZ RD WEST  
BRADENTON, FL 34210

**Current Mailing Address:**

6207CORTEZ RD WEST  
BRADENTON, FL 34210 US

**FEI Number:** 20-1226825

**Certificate of Status Desired:** No

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

BOWES, NATHAN D  
6207CORTEZ RD WEST  
BRADENTON, FL 34210 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:** NATHAN BOWES

04/19/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | MGR                | Title           | MANAGER            |
| Name            | BOWES, THOMAS D    | Name            | BOWES, NATHAN      |
| Address         | 6207CORTEZ RD WEST | Address         | 6207CORTEZ RD WEST |
| City-State-Zip: | BRADENTON FL 34210 | City-State-Zip: | BRADENTON FL 34210 |
| Title           | MANAGER            |                 |                    |
| Name            | BOWES, MATTHEW     |                 |                    |
| Address         | 6207CORTEZ RD WEST |                 |                    |
| City-State-Zip: | BRADENTON FL 34210 |                 |                    |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NATHAN BOWES

MGR

04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date