

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076687

**Entity Name:** BOMEN,LLC

**Current Principal Place of Business:**

1799 N. HIGHLAND AVE.  
K 187  
CLEARWATER, FL 33755

**Current Mailing Address:**

1799 N. HIGHLAND AVE.  
K 187  
CLEARWATER, FL 33755

**FEI Number:** 01-0911126

**Certificate of Status Desired:** No

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

BOTA, JANOS  
1799 N. HIGHLAND AVE.  
K 187  
CLEARWATER, FL 33755 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

**Authorized Person(s) Detail :**

Title MGRM  
Name BOTA, EDIT  
Address 1799 N. HIGHLAND AVE. K 187  
City-State-Zip: CLEARWATER FL 33755

*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:** EDIT BOTA

MGRM

04/09/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date