

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000095433

Entity Name: BOWLIFE LLC**Current Principal Place of Business:**10425 RUSSELL SAMPSON ROAD
ST. JOHNS, FL 32259**Current Mailing Address:**10425 RUSSELL SAMPSON ROAD
ST. JOHNS, FL 32259 US**FEI Number:** 27-4524118**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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	ROWLAND, FREDDIE
Address	10425 RUSSELL SAMPSON ROAD
City-State-Zip:	ST. JOHNS FL 32259

Title	MGRM
Name	ROWLAND, CHRISTOPHER
Address	10425 RUSSELL SAMPSON ROAD
City-State-Zip:	ST. JOHNS FL 32259

Title	MGRM
Name	RUDOLPH, JEROMIE
Address	10425 RUSSELL SAMPSON ROAD
City-State-Zip:	ST. JOHNS FL 32259

Title	MGRM
Name	ROWLAND, STEPHANIE
Address	10425 RUSSELL SAMPSON ROAD
City-State-Zip:	ST. JOHNS FL 32259

Title	MGRM
Name	ROWLAND, STEPHANIE
Address	10425 RUSSELL SAMPSON ROAD
City-State-Zip:	ST. JOHNS FL 32259

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: STEPHANIE ROWLAND**MANAGER****04/29/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date