

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000158672

Entity Name: BONNI VAN CONSULTING LLC

Current Principal Place of Business:

4256 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224

Current Mailing Address:

4256 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224 US

FEI Number: 46-1598668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN, BONNI P
4256 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224 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 PRESIDENT
Name BONNI VAN
Address 4256 RIPKEN CIRCLE EAST
City-State-Zip: JACKSONVILLE FL 32224

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: BONNI VAN

PRESIDENT

04/15/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date