

**2015 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        12921 HIGHLAND GATE DRIVE  
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

04/29/2015

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

\_\_\_\_\_ Date