

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000147688

**Entity Name:** MINDY BOWMAN, VA LLC

**Current Principal Place of Business:**

160 SAGE CIRCLE  
CRYSTAL BEACH, FL 34681

**Current Mailing Address:**

PO BOX 919  
CRYSTAL BEACH, FL 34681

**FEI Number:** 47-2017223

**Certificate of Status Desired:** No

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

BOWMAN, MINDY  
160 SAGE CIRCLE  
CRYSTAL BEACH, FL 34681 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            AMBR  
Name            BOWMAN, MINDY  
Address        160 SAGE CIRCLE  
City-State-Zip: CRYSTAL BEACH FL 34681

Title            MGR  
Name            BOWMAN, HAROLD T  
Address        160 SAGE CIRCLE  
City-State-Zip: CRYSTAL BEACH FL 34681

Title            MGR  
Name            BOWMAN, MINDY  
Address        160 SAGE CIRCLE  
City-State-Zip: CRYSTAL BEACH FL 34681

*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:** MINDY BOWMAN

AMBR

04/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date