

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000688

FILED
Jun 16, 2009
Secretary of State

Entity Name: BOYER ENTERPRISES LLC

Current Principal Place of Business:

4030 PROCTOR ROAD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4030 PROCTOR ROAD
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-2654970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOYLAN, DANIEL E CPA
5601 BENTGRASS DRIVE
204
SARASOTA, FL 3425 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BOYER, RICHARD L
Address: 4030 PROCTOR ROAD
City-St-Zip: SARASOTA, FL 34233 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BOYER, ELAINE M
Address: 4030 PROCTOR ROAD
City-St-Zip: SARASOTA, FL 34233 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: MOSSER, FLORENCE
Address: 4030 PROCTOR ROAD
City-St-Zip: SARASOTA, FL 34233 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RICHARD L. BOYER

MANG

06/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date