

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104316

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: BOMAN & HANCOCK ENTERPRISE, LLC

**Current Principal Place of Business:**

2604 ROBIN STREET  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

2604 ROBIN STREET  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 75-3224673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YATES, E. CLAYTON  
311 SOUTH SECOND STREET  
SUITE 102  
FT. PIERCE, FL 34950 US

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

YATES, E. CLAYTON  
328 SOUTH SECOND STREET  
FT. PIERCE, FL 34950 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: \_\_\_\_\_

01/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HANCOCK, KEVIN  
Address: 1728 NORTH DOVE TRAIL DRIVE  
City-St-Zip: FORT PIERCE, FL 34985

Title: MGRM ( ) Delete  
Name: BOMAN, BRIAN J.  
Address: 2604 ROBIN STREET  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES:**

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

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: BRIAN BOMAN

MGRM

01/08/2009

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