

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123092

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** BOSSO & MITCHELL, LLC

**Current Principal Place of Business:**

1615 FORUM PLACE  
SUITE 500  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

1615 FORUM PLACE  
SUITE 500  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 20-8120842      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WP MITCHELL, CPA, PA  
216 ARLINGTON ROAD  
WEST PALM BEACH, FL 33405 US

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

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:**

Title: MGRM ( ) Delete  
Name: LUISA K. BOSSO, C.P., A., P.A.  
Address: 1615 FORUM PLACE, SUITE 500  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGRM ( ) Delete  
Name: WP MITCHELL, C.P.A., P.A.  
Address: 216 ARLINGTON ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405 US

**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: WILLIAM P. MITCHELL

MGRM

04/22/2008

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