

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039202

FILED  
Aug 02, 2008  
Secretary of State

Entity Name: BOAZ DVIR, LLC

**Current Principal Place of Business:**

1822 NW 6TH AVENUE  
GAINESVILLE, FL 32603 US

**New Principal Place of Business:**

**Current Mailing Address:**

1822 NW 6TH AVENUE  
GAINESVILLE, FL 32603 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

GOLDMAN, ARIANNA MS  
6754 PINES BOULEVARD  
B  
PEMBROKE PINES, FL 33024 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:**

Title: MGRM ( ) Delete  
Name: GOLDMAN, REBECCA  
Address: 215 N.E. 3RD ST., APT D  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: MGRM (X) Delete  
Name: DVIR, BOAZ MR  
Address: 1822 NW 6TH AVE.  
City-St-Zip: GAINESVILLE, FL 32603 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DVIR, BOAZ C MR.  
Address: 1822 NW 6TH AVE.  
City-St-Zip: GAINESVILLE, FL 32603

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: BOAZ DVIR

MGR

08/02/2008

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