

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055621

**Entity Name:** B.O.E. ENTERTAINMENT, L.L.C.,**Current Principal Place of Business:**49 COLEMAN ROAD  
WINTER HAVEN, FL 33880**Current Mailing Address:**49 COLEMAN ROAD  
WINTER HAVEN, FL 33880**FEI Number:** 27-0491872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRYANT-KENDRICK, DENISE  
49 COLEMAN ROAD  
WINTER HAVEN, FL 33880 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	MGR
Name	BRYANT, DARIUS G
Address	49 COLEMAN ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	SECRETARY
Name	TIMOTHY, KENDRICK JR.
Address	49 COLEMAN ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	MGRM
Name	GRANT, MAURICE N
Address	327 THIRD STREET
City-State-Zip:	AUBURNDALE FL 33823

Title	TREASURER
Name	BENNETT, MARY F
Address	327 THIRD STREET
City-State-Zip:	AUBURNDALE FL 33823

*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:** DARIUS G BRYANT

MGR

04/23/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date