

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90030 011 ****50.00

DOCUMENT # L01000004538

1. Entity Name
B.O.A., LLC



Principal Place of Business
240 S. PINEAPPLE AVE.
SUITE 702
SARASOTA, FL 34236

Mailing Address
240 S. PINEAPPLE AVE.
SUITE 702
SARASOTA, FL 34236



01212005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1095056

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABA, WILLIAM A
240 S. PINEAPPLE AVE.
SUITE 702
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SABA, WILLIAM A
240 S. PINEAPPLE AVE., SUITE 702
SARASOTA, FL 342366324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 A Saba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/3/05 (941) 365-9400