

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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**



01112006No Chg-LLC

CR2E083 (11/05)

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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U000000401294
02/02/06-80039-005 \$0.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Managing Member: *William A. Saba* 1/24/06

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

Date

(941) 365-9400

Daytime Phone #