


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000027285</b> 1. Entity Name <b>WILLIAM BOYETTE, LLC</b>	
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Principal Place of Business <b>1531 S. TAMiami TRAIL #703 VENICE, FL 34285</b>	Mailing Address <b>1531 S. TAMiami TRAIL #703 VENICE, FL 34285</b>
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02272007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1106102</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

<b>KHLEIF, ROD 1531 S. TAMiami TRAIL #703 VENICE, FL 34285</b>
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**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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHLEIF, ROD 1531 S. TAMiami TRAIL #703 VENICE, FL 34285
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05/01/07-80043-024 50.00

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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:**

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

*Rod Khleif*  
**Rod Khleif**

*4/12/07*  
**4/12/07**

*941.492.5022*  
**941.492.5022**

**Date**

**Daytime Phone #**