# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 14, 2003 8:00 am**
**Secretary of State**
02-27-2003 90001 035 ****55.00

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DOCUMENT # L02000032835

1. Entity Name

BOYNTON BOTANICALS, L.L.C.

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4935 Waverly Woods | 4935 Waverly Woods |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Lake Worth Fla | City & State: Lake Worth, Fla. |
| Zip: 33463 Country: USA | Zip: 33463 Country: USA |

4. FEI Number 06-1664932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

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

Name: Michael J. Kastenholz

Street Address (P.O. Box Number is Not Acceptable): 4935 Waverly Woods Terrace

City: Lake Worth FL Zip Code: 33463

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

**FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE | PRESIDENT MGRM. |
| NAME | Kathleen M. Kastenholz |
| STREET ADDRESS | 4935 Waverly Woods Terrace |
| CITY-ST-ZIP | Lake Worth Fla 33463 |
| TITLE | SEC. MGRM. |
| NAME | Michael J. Kastenholz |
| STREET ADDRESS | 4935 Waverly Woods Terrace |
| CITY-ST-ZIP | Lake Worth Fla 33463 |
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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:** Kathleen M Kastenholz 2/25/03 561-737-1490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #