

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L03000019687

1. Entity Name  
DUBOIS & SON, LLC



Principal Place of Business  
5450 FLAVOR PICT ROAD  
BOYNTON BEACH, FL 33436

Mailing Address  
P.O. BOX 740180  
BOYNTON BEACH, FL 33474



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-1564567

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

KALEEL, KENNETH M  
555 NO. CONGRESS AVE., SUITE 301  
BOYNTON BEACH, FL 33426

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DUBOIS, ROBERT M JR.  
5450 FLAVOR PICT ROAD  
BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BRASWELL, MELISSA  
12549 OAK RUN CRT  
BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

0000000863556  
04/03/08-80095-018 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Robert M. DuBois Jr.* ROBERT M. DuBois Jr. 3-1408 561-428-3000

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

Date

Daytime Phone #