## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 01, 2008 8:00 am Secretary of State **DOCUMENT # L03000024738** 05-01-2008 90033 025 \*\*\*138.75 1. Entity Name **BOOM ADVERTISING AND DESIGN LLC** Principal Place of Business Mailing Address 6003/44/ 2248 18TH AVE 2248 18TH AVE VERO BEACH, FL 32960-US VERO BEACH, FL 32960 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <u>706 Iris Lane</u> 706 IVis Suite. Apt. #, etc. Suite, Apt. #, etc. 04282008 CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Beach levo Beach 80-0069953 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Mead 4mv H MEAD, AMY H Street Address (P.O. Box Number is Not Acceptable) 2046 TREASURE COAST PLAZA #117 VERO BEACH, FL 32960 Vero Beach 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 epistered agent. Mar SIGNATURE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR Change ☐ Addition TITLE Delete TITLE Mar H. Mead 706 Ins Lane MEAD, AMY H NAME NAME 2046 TREASURE COAST PLAZA #117 STREET ADDRESS STREET ADDRESS Yevo Boach, FL 32963 VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition GRIFFITHS, CAMERON E NAME NAME STREET ADDRESS 2046 TREASURE COAST PLAZA #117 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CJTY-ST-ZJP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7:P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**