

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025912

1. Entity Name  
BOLAND, LAWSON & WEBB L.L.C.



FILED

04 JUL -8 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 151  
WACISSA, FL 32361

Mailing Address

P.O. BOX 151  
WACISSA, FL 32361

2. Principal Place of Business

844 Eagle View Dr.  
Suite, Apt. #, etc.

3. Mailing Address

844 Eagle View Dr.  
Suite, Apt. #, etc.



07062004 Chg-LLC CR2E083 (10/03)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

81-0626221

Applied For

Not Applicable

Zip

32311

Country

USA

Zip

32311

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEBB, WAYNE S III  
2100 WEST RANDOLPH CIRCLE  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Jeffery J Boland II

Street Address (P.O. Box Number is Not Acceptable)

844 Eagle View Dr.

Tallahassee

City

FL

32311

Zip Code

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

Jeffery James Boland II

7-6-04

DATE

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BOLAND, JEFFERY J II  
STREET ADDRESS P.O. BOX 151  
CITY-ST-ZIP WACISSA, FL 32361

TITLE MGRM ☐ Delete  
NAME WEBB, WAYNE S III  
STREET ADDRESS 2100 WEST RANDOLPH CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGRM ☐ Delete  
NAME LAWSON, ORMAND Z III  
STREET ADDRESS 9227 CARNES ESTATES DRIVE  
CITY-ST-ZIP JONESBORO, GA 30236

TITLE MGRM ☐ Delete  
NAME LAWSON, RYAN W  
STREET ADDRESS 2513 WILLIAMETTE ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Boland, Jeffery J II  
STREET ADDRESS 844 Eagle View Dr.  
CITY-ST-ZIP Tallahassee FL 32311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 200038879222  
STREET ADDRESS 07/08/04--01008--008 \*\*50.00  
CITY-ST-ZIP MGR

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Jeffery James Boland II

7-6-04

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

Date

Daytime Phone #