

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000025912

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



Principal Place of Business
844 EAGLE VIEW DR.
TALLAHASSEE, FL 32311

Mailing Address
844 EAGLE VIEW DR.
TALLAHASSEE, FL 32311



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

81-0626221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLAND, JEFFERY J
844 EAGLE VIEW DR.
TALLAHASSEE, FL 32311

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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, 2005**

1100000182310
01/19/05-80022-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOLAND, JEFFERY J II
STREET ADDRESS	844 EAGLE VIEW DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	MGRM
NAME	WEBB, WAYNE S III
STREET ADDRESS	2100 WEST RANDOLPH CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGRM
NAME	LAWSON, ORMAND Z III
STREET ADDRESS	9227 CARNES ESTATES DRIVE
CITY-ST-ZIP	JONESBORO, GA 30236
TITLE	MGRM
NAME	LAWSON, RYAN W
STREET ADDRESS	2513 WILLIAMETTE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

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

Date

Day/Time Phone #