

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
08 MAR 25 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000041348

1. Entity Name
BOCA CIEGA INVESTORS, LLC



Principal Place of Business
ATTN: JOSEPH D. MITCHELL
2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308-3700

Mailing Address
ATTN: JOSEPH D. MITCHELL
2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308-3700



01152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0487570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

PK

**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 MITCHELL, JOSEPH D 2851 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 323083700
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FARMER, C. GUY 2851 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 323083700
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03/25/08--01036--008 **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: _____

C. G. Farmer, C. G. FARMER - MGRM 3/24/08 850-386-2522

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

Date

Daytime Phone #