

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000049105

FILED
Dec 15, 2009
Secretary of State**Entity Name:** R.T. BOXOLD & ASSOCIATES, LLC**Current Principal Place of Business:**102 MALLARD COURT
ROYAL PALM BEACH, FL 33411**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 212855
ROYAL PALM BEACH, FL 334212855**New Mailing Address:**102 MALLARD COURT
ROYAL PALM BEACH, FL 33411**FEI Number:** 20-0443539**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOXOLD, ROBERT T
102 MALLARD COURT
ROYAL PALM BEACH, FL 33411 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: BOXOLD, ROBERT T
Address: P.O. BOX 212855
City-St-Zip: ROYAL PALM BEACH, FL 334212855**Title:** COO () Delete
Name: BOXOLD, PATRICIA M
Address: PO BOX 212855
City-St-Zip: ROYAL PALM BEACH, F: 334212855**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: BOXOLD, ROBERT T
Address: 102 MALLARD CT
City-St-Zip: ROYAL PALM BEACH, FL 33411**Title:** MGRM (X) Change () Addition
Name: BOXOLD, PATRICIA M
Address: 102 MALLARD CT.
City-St-Zip: ROYAL PALM BEACH, F 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA M. BOXOLD

MGMR

12/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date