


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000049419 1. Entity Name RICHARD L. BOSLEY, LLC	
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Principal Place of Business 100 TWIN LAKE RD INTERLACHEN, FL 32148	Mailing Address 100 TWIN LAKE RD INTERLACHEN, FL 32148
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DO NOT WRITE IN THIS SPACE



07162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-2363683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOSLEY, RICHARD L 100 TWIN LAKE RD INTERLACHEN, FL 32148

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00 Due by September 14, 2007	U000000769680 07/19/07-80012-011 55.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSLEY, RICHARD L 100 TWIN LAKE RD INTERLACHEN, FL 32148
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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: <u>Richard L Bosley</u> Richard L Bosley	<u>7-16-07</u> 386-972-0672
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>