

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056412

1. Entity Name
BOLEN COMMUNICATIONS, LLC



FILED

06 JUN 19 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6101 34TH ST. WEST
#16E
BRADENTON, FL 34210

Mailing Address

6101 34TH ST. WEST
#16E
BRADENTON, FL 34210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1850 FIFTH ST.

Suite, Apt. #, etc.

1850 FIFTH ST.

City & State

SARASOTA FL

City & State

SARASOTA, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

06112006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
75-3162308

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONARD, ROBERT F
6101 34TH ST. WEST
#16E
BRADENTON, FL 34210

1850 FIFTH ST.
SARASOTA, FL
34236

Name

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

City

FL

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

Robert F. Leonard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/12/06

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME LEONARD, ROBERT F
STREET ADDRESS 6101 34TH ST. WEST
CITY-ST-ZIP BRADENTON, FL 34210

TITLE
NAME
STREET ADDRESS 1850 FIFTH ST.
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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STREET ADDRESS 700076712367
CITY-ST-ZIP 06/29/06--01047--001 **\$50.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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:

Robert F. Leonard

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

6/12/06

Date

941-366-9704

Daytime Phone #