

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024038

**FILED**  
**Feb 02, 2009**  
**Secretary of State**

**Entity Name:** BOXER CONTRACTING LLC

**Current Principal Place of Business:**

3611 - 14 ST. JOHNS BLUFF ROAD SOUTH  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

14603 BEACH BLVD  
SUITE 2100  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

BOX 334  
3545-1 ST. JOHNS BLUFF ROAD SOUTH  
JACKSONVILLE, FL 32224

**New Mailing Address:**

14603 BEACH BLVD  
SUITE 2100  
JACKSONVILLE, FL 32250

**FEI Number:** 20-1154507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMOOT, WILLIAM T  
3611 - 14 ST. JOHNS BLUFF ROAD SOUTH  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

SMOOT, WILLIAM T  
14603 BEACH BLVD  
SUITE 2100  
JACKSONVILLE, FL 32250 US

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: WILLIAM T. SMOOT

02/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMOOT, WILLIAM T  
Address: P.O. BOX 16097  
City-St-Zip: JACKSONVILLE, FL 32245

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMOOT, WILLIAM T  
Address: 14603 BEACH BLVD, SUITE 2100  
City-St-Zip: JACKSONVILLE, FL 32250

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: WILLIAM T. SMOOT

MGRM

02/02/2009

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