

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90034 048 \*\*\*\*50.00

DOCUMENT # L04000040761

1. Entity Name

STEPHEN M. BOYER LLC



Principal Place of Business

7720 25TH. AVE. W.  
BRADENTON FL 34209  
US

Mailing Address

7720 25TH. AVE. W.  
BRADENTON FL 34209  
US



2. Principal Place of Business

2839 SW CR 138

Suite, Apt. #, etc.

3. Mailing Address

2839 SW CR 138

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Fort White, Florida

City & State

Fort White, Florida

4. FEI Number

77-0636083

Applied For

Not Applicable

Zip

32038

Country

USA

Zip

32038

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required -

6. Name and Address of Current Registered Agent

BOYER, STEPHEN M  
7720 25TH. AVE. W.  
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name Boyer, Stephen M

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

2839 SW County Road 138

City Fort White

FL

Zip Code

32038

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

*Stephen M. Boyer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME BOYER, STEPHEN M  
STREET ADDRESS 7720 25TH. AVE. W.  
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Stephen M. Boyer*

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

3-31-06

386-454-4841

Date

Telephone Number