

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091955

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** BOYETT HOLDING COMPANY, LLC

**Current Principal Place of Business:**

1419 FALKIRK COURT  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551261  
JACKSONVILLE, FL 322551261 US

**New Mailing Address:**

**FEI Number:** 43-2070004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD A. CAPLAN, ATTORNEY, P.A.  
6260-C DUPONT STATION COURT  
JACKSONVILLE, FL 32217 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: MGRM ( ) Delete  
Name: BOYETT, HAROLD N  
Address: 1419 FALKIRK COURT  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: MGR ( ) Delete  
Name: BOYETT, WENDI G  
Address: 1419 FALKIRK COURT  
City-St-Zip: JACKSONVILLE, FL 32221 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** HAROLD BOYETT

MGRM

01/15/2009

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