

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012422

FILED
Jan 08, 2009
Secretary of State

Entity Name: BOLAND'S LLC

Current Principal Place of Business:

6158 REYNOLDS ST.
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1403 MILBURN DR
CONKLIN, NY 13748

New Mailing Address:

FEI Number: 20-2199754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOLAND, JASON E
6158 REYNOLDS ST.
WEST PALM BEACH, FL 33411 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: BOLAND, JASON E
Address: 6158 REYNOLDS ST.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Delete
Name: BOLAND, MICHAEL J
Address: 145 SMITH HILL RD
City-St-Zip: BINGHAMTON, NY 13905

Title: MGRM () Delete
Name: BOLAND, JAMIN E
Address: 20 MONROE STREET
City-St-Zip: BINGHAMTON, NY 13904

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: BOLAND, JAMIN E
Address: 290 FOX HOLLOW RD
City-St-Zip: BINGHAMTON, NY 13904

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: JAMIN E. BOLAND

MGRM

01/08/2009

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