

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012422

Entity Name: BOLAND'S LLC

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6158 REYNOLDS ST.  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

231 NW PLEASANT GROVE WAY  
PORT ST. LUCIE, FL 34986

**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 ( )

**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:**

BOLAND, JASON E  
231 NW PLEASANT GROVE WAY  
PORT ST. LUCIE, FL 34986 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:

02/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOLAND, JASON E  
Address: 231 NW PLEASANT GROVE WAY  
City-St-Zip: PORT ST LUCIE, FL 34986

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

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

I hereby 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

02/12/2010

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