

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90302 007 \*\*\*\*50.00

**DOCUMENT #** L05000032125

**1. Entity Name**

Boyer Machinery Sales, LLC



**DO NOT WRITE IN THIS SPACE**

**20025752**

**2. Principal Place of Business**

26367 Feathersound

Suite, Apt. #, etc.

**3. Mailing Address**

P.O. Box 511143

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Punta Gorda, FL

**City & State**

Punta Gorda, FL

**4. FEI Number**

65-1246817

**Applied For**

☐ Not Applicable

**Zip**

33955

**Country**

USA

**Zip**

33951

**Country**

USA

**5. Certificate of Status Desired**

☐

**\$5.00 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name** Spiegel & Utrera, P.A.

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

1840 Coral Way, 4th Floor

**City** Miami

**FL**

**Zip Code**

33145

**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**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGRM  
**NAME** Deborah J. Boyer  
**STREET ADDRESS** 26367 Feathersound Dr  
**CITY-ST-ZIP** Punta Gorda, FL 33955

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** MGRM  
**NAME** Douglas L. Boyer, Jr.  
**STREET ADDRESS** 26367 Feathersound Dr.  
**CITY-ST-ZIP** Punta Gorda, FL 33955

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IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

Deborah J. Boyer

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

4-3-06 (941) 637-6660

Date

Daytime Phone #

CR2E083B (12/02)