

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032125

FILED
Jan 19, 2009
Secretary of State

Entity Name: BOYER MACHINERY SALES LLC

Current Principal Place of Business:

26376 FEATHERSOUND DR
PUNTA GORDA, FL 33955

New Principal Place of Business:

26367 FEATHERSOUND DR
PUNTA GORDA, FL 33955

Current Mailing Address:

POB 511143
PUNTA GORDA, FL 33951

New Mailing Address:

PO BOX 511143
PUNTA GORDA, FL 33951

FEI Number: 65-1246817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 CORAL WY, 4TH FL
MIAMI, FL 33145 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: MGR () Delete
Name: BOYER, DEBORAH J
Address: 26376 FEATHERSOUND DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGR () Delete
Name: BOYER, DOUGLAS L JR.
Address: 26376 FEATHERSOUND DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOYER, DEBORAH J
Address: 26367 FEATHERSOUND DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGR (X) Change () Addition
Name: BOYER, DOUGLAS L JR.
Address: 26367 FEATHERSOUND DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

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: DEBORAH J. BOYER

MGR

01/19/2009

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