

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034049

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** BOSSHARDT PROPERTIES, LLC

**Current Principal Place of Business:**

5532 NW 43RD STREET  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

5532 NW 43RD STREET  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:** 26-2497806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOULTON, CLAUDE R  
2014 N. LAURA STREET  
JACKSONVILLE, FL 32206 US

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

BOSSHARDT, KIMBERLY  
5532- A NW 43RD STREET  
GAINESVILLE, FL 32653 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: KIMBERLY BOSSHARDT

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOSSHARDT, CAROL R  
Address: 5542 NW 43RD STREET  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES:**

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: CAROL BOSSHARDT

MGRM

04/28/2008

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