

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000043829**

1. Entity Name  
**BOYETTE SW, LLC**



Principal Place of Business  
**13226 BOYETTE RD.  
RIVERVIEW, FL 33569**

Mailing Address  
**212 E. CASS ST.  
TAMPA, FL 33602**



01152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2903190**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**HINES, JAMES P  
315 HYDE PARK AVENUE  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**U00000941865  
05/28/08-80122-013 138.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	D
NAME	MASOOD, KHAN K
STREET ADDRESS	212 E CASE ST.
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	KHAN, NANCY C
STREET ADDRESS	212E CASE ST.
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	KHAN, KHALID J
STREET ADDRESS	212 E CASE ST.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Nancy C. Khan*

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

*4/25/08 813985-7899*

Date

Daytime Phone #