

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091693

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: BOONENC, LLC

**Current Principal Place of Business:**

4091 COLONIAL BLVD.  
FORT MYERS, FL 33912

**New Principal Place of Business:**

4091 COLONIAL BLVD.  
FORT MYERS, FL 33966

**Current Mailing Address:**

4091 COLONIAL BLVD.  
FORT MYERS, FL 33966

**New Mailing Address:**

FEI Number: 05-0629430      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHAW, TIM  
15617 FIDDLESTICKS BLVD  
FORT MYERS, FL 33912      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: SHAW, TIM  
Address: 4091 COLONIAL BLVD.  
City-St-Zip: FORT MYERS, FL 33966

Title: MGR      ( ) Delete  
Name: HOWARD, MARTY  
Address: 4091 COLONIAL BLVD.  
City-St-Zip: FORT MYERS, FL 33966

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TIMOTHY H. SHAW

PRE

03/19/2009

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