2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L05000103845

Entity Name: FURLO, BOSS, VALDES INVESTMENTS, LLC

Current Principal Place of Business:

PO BOX 185
O'BRIEN, FL 32071

New Principal Place of Business:

10796 BRANTLY ROAD
O'BRIEN, FL 32071

Current Mailing Address:

PO BOX 185
O'BRIEN, FL 32071

New Mailing Address:

FEI Number: 20-3713465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FURLO, KATHY
10796 BRANTLEY ROAD
O'BRIEN, FL 32071 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:	FURLO, WILLIAM T	
Address:	PO BOX 185	
City-St-Zip:	O'BRIEN, FL 32071	
Title:	MGR	( ) Delete
Name:	FURLO, KATHY	
Address:	PO BOX 185	
City-St-Zip:	O'BRIEN, FL 32071	
Title:	MGRM	( ) Delete
Name:	BOSS, THOMAS	
Address:	PO BOX 185	
City-St-Zip:	O'BRIEN, FL 32071	
Title:	MGRM	( ) Delete
Name:	BOSS, AMBER	
Address:	PO BOX 185	
City-St-Zip:	O'BRIEN, FL 32071	
Title:	MGRM	( ) Delete
Name:	VALDES, OSCAR	
Address:	PO BOX 185	
City-St-Zip:	O'BRIEN, FL 32071	
Title:	MGRM	( ) Delete
Name:	VALDES, JENNIE	
Address:	PO BOX 185	
City-St-Zip:	O'BRIEN, FL 32071	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KATHY FURLO MGRM 03/17/2009

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