

FROM :

PHONE NO. : _____

FILED
Jun 28, 2006 8:00 am
Secretary of State

04-28-2006 90017 039 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT (AR)**

4/21

DOCUMENT # L06000115910			
1. Entity Name BOSTON, LLC			
Principal Place of Business 19480 S.W. 187TH AVENUE MIAMI FL 33187		Mailing Address 19480 S.W. 187TH AVENUE MIAMI FL 33187	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0765155		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐		\$5.00 Additional Per Filing	
6. State and Address of Current Registered Agent CONNALAN B 100 WEST CYPRESS CREEK ROAD, SUITE 700 FT. LAUDERDALE FL 33309		7. State and Address of New Registered Agent Andres Yzaguirre 19399 Double Tree Circle Wellington FL 33414	
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 _____			
FILE MONTHLY FEE IS \$5.00 Must Check Payable to Florida Department of State Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
NAME YZAGUIRRE, ANDRES	☐ Date	NAME YZAGUIRRE, ANDRES	☐ Change ☐ Addition
STREET ADDRESS 19480 S.W. 187TH AVENUE MIAMI FL 33187		STREET ADDRESS 19480 S.W. 187TH AVENUE MIAMI FL 33187	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 110, 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 member or officer authorized to execute this report as required by Chapter 886, Florida Statutes.			
SIGNATURE: <u>Andres Yzaguirre</u>		Date: <u>4-18-06</u> 305-2353993	

30011316



1st MOORE CR2EDS (10/05)

CONNALAN B
100 WEST CYPRESS CREEK ROAD, SUITE 700
FT. LAUDERDALE FL 33309

Andres Yzaguirre
 Street Address (P.O. Box Number, if Not Applicable)

19399 Double Tree Circle

Wellington FL 33414

SIGNATURE

FILE MONTHLY FEE IS \$5.00

Must Check Payable to Florida Department of State
 Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

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SIGNATURE: Andres Yzaguirre Date: 4-18-06 305-2353993

[Handwritten Signature]

Andres Yzaguirre - 6-20-2006

1-561-722 1243