## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000011403

Address:

City-St-Zip:

4984 LAKE LOWRY ROAD

HAINES CITY, FL 33844

Entity Name: CHRISTINA D BOONE LLC

FILED Feb 11, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4984 LAKE LOWRY ROAD HAINES CITY, FL 33844 **Current Mailing Address: New Mailing Address:** 4984 LAKE LOWRY ROAD HAINES CITY, FL 33844 FEI Number: 26-3738204 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOONE, CHRISTINA D 4984 LAKE LOWRY ROAD HAINES CITY, FL 33844 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BOONE, CHRISTINA D Name: Name: Address: 4984 LAKE LOWRY ROAD Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BOONE, STEPHEN D Name: Address: 4984 LAKE LOWRY ROAD Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROBERSON, RICHARD W JR Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTINA D BOONE MGRM 02/11/2009