2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000021865

1. Entity Name
W. BOYD, LLC

Principal Place of Business	Mailing Address
8511 SW 81 LANE MIAMI, FL 33143	8511 SW 81 LANE MIAMI, FL 33143

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02272008   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number **20-5084223** | Applied For / Not Applicab

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
GONZALEZ, ALEXIS 9755 SW 40 TERR MIAMI, FL 33165	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 accep 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**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYD, WILLIAM 10924 SW 119 ST. MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additic
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, ROBERTO 10924 SW 119 ST. MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additic
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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: