

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059105

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** BOGGIA'S LAWN CARE LLC

**Current Principal Place of Business:**

4279 SW 102ND PLACE  
OCALA, FL 34476 US

**New Principal Place of Business:**

11513 SW 50TH CIRCLE  
OCALA, FL 34476 US

**Current Mailing Address:**

4279 SW 102ND PLACE  
OCALA, FL 34476 US

**New Mailing Address:**

11513 SW 50TH CIRCLE  
OCALA, FL 34476 US

**FEI Number:** 20-5019438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOGGIA, TODD A  
4279 SW 102ND PLACE  
OCALA, FL 34476 US

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

BOGGIA, TODD A  
11513 SW 50TH CIRCLE  
OCALA, FL 34476 US

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:** TODD A. BOGGIA

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BOGGIA, TODD A  
**Address:** 4279 SW 102ND PLACE  
**City-St-Zip:** Ocala, FL 34476

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** BOGGIA, TODD A  
**Address:** 11513 SW 50TH CIRCLE  
**City-St-Zip:** Ocala, FL 34476

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:** TODD A. BOGGIA

MGR

04/30/2009

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