

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-21-2007 90103 044 ****50.00

DOCUMENT # L06000061044

1. Entity Name
BOYS, LLC



Principal Place of Business
**2362 ANDROS AVE.
FT. MYERS, FL 33905**

Mailing Address
**2362 ANDROS AVE.
FT. MYERS, FL 33905**

30000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5315708

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SVOBODA, CHERYL A
2362 ANDROS AVE.
FT. MYERS, FL 33905**

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 accept 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

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SVOBODA, CHERYL A
2362 ANDROS AVE.
FT. MYERS, FL 33905** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SVOBODA, JENNIFER
2362 ANDROS AVE.
FT. MYERS, FL 33905** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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: *Cheryl A Svo boda*

3/13/07

239-694-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #


30002540

GUARDIAN SAFETY © Charles American BA

ORDER OF Florida Department of State 5007

PAY TO THE ORDER OF Fifty x 50100 08-06

Bank of America BOYS, LLC

 2362 ANDROS AVE.

ACHREF083100027 FORT MYERS, FL 33905-2318

FOR 10000001044 DATE 8/19/07

Charles A. Swoboda \$ 50.00

66-371631, 11

227

DOLLARS 00