



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000063288 1. Entity Name TRAVIS BOATRIGHT PINESTRAW "LLC"	
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Principal Place of Business 603 NW HARLIE LYNCH RD. MAYO, FL 32066	Mailing Address 603 NW HARLIE LYNCH RD. MAYO, FL 32066
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 83-0461604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOATRIGHT, TRAVIS
603 NW HARLIE LYNCH RD.
MAYO, FL 32066**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOATRIGHT, TRAVIS 603 NW HARLIE LYNCH RD. MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOATRIGHT, SANDY 603 NW HARLIE LYNCH RD. MAYO, FL 32066
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4-30-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #