

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068421

Entity Name: BOALT, LLC

FILED  
Apr 08, 2009  
Secretary of State

**Current Principal Place of Business:**

1490 VIA MANANA  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

1490 VIA MANANA  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 22-3937922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAMSTRA, HOPE  
4400 N FEDERAL HWY STE 17  
BOCA RATON, FL 33431 US

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

ADAM, BOALT  
1490 VIA MANANA  
PALM BEACH, FL 33480 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: ADAM BOALT

04/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOALT, ADAM R  
Address: 515 NORTH FLAGLER DR., STE 300, PAVILION  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST (X) Delete  
Name: BOALT, ADAM R  
Address: 515 NORTH FLAGLER DR., STE 300, PAVILION  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOALT, ADAM R  
Address: 1490 VIA MANANA  
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ADAM BOALT

MGR

04/08/2009

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