

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071265

Entity Name: BUIECLAN, LLC

FILED  
Mar 04, 2009  
Secretary of State

**Current Principal Place of Business:**

5866 SW 120TH AVE  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

5866 SW 120TH AVE  
COOPER CITY, FL 33330

**New Mailing Address:**

FEI Number: 20-8163617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORGAN, CHARLES O JR  
1300 NW 167TH ST  
SUITE 3  
MIAMI, FL 33169 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BUIE, CHARLES M  
Address: 5866 SW 120TH AVE  
City-St-Zip: COOPER CITY, FL 33330

Title: MGR ( ) Delete  
Name: BUIE, DEBORAH C  
Address: 5866 SW 120TH AVE  
City-St-Zip: COOPER CITY, FL 33330

Title: MGR ( ) Delete  
Name: WILLIAMS, DIANE M  
Address: 9101 NW 81ST CT  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES:**

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

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

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: CHARLES M BUIE

MGR

03/04/2009

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