

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000107291

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** SIESTA KEY PARASAILING LLC

**Current Principal Place of Business:**

1265 OLD STICKNEY PT ROAD  
SIESTA KEY, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

4357 THORN CREST  
TRAVERSE CITY, MI 49684 US

**New Mailing Address:**

**FEI Number:** 84-1699819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOYER, SABURI  
1265 OLD STICKNEY POINT ROAD  
ATTN: BAIT SHOP  
SARASOTA, FL 34242 US

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

BOYER, SABURI  
1265 OLD STICKNEY POINT ROAD  
SARASOTA, FL 34242 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: SABURI BOYER

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOYER, DANIELLE C  
Address: 4357 THORN CREST  
City-St-Zip: TRAVERSE CITY, MI 49684 US

**ADDITIONS/CHANGES:**

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: DANIELLE BOYER

MRS.

01/15/2009

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