

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90030 045 ***138.75

| | | | | | |
|--|--|----------------|---|---|--|
| DOCUMENT # L06000108997 | | | | | |
| 1. Entity Name BOUNDLESS POTENTIALS, LLC | | | | | |
| Principal Place of Business 96 COLUMBIA STREET #6 ORLANDO, FL 32806 | | | Mailing Address 96 COLUMBIA STREET #6 ORLANDO, FL 32806 | | |
| 2. Principal Place of Business - No P.O. Box # 427 S. NEW YORK AVE. | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. # 103 | | | Suite, Apt. #, etc. | | |
| City & State WINTER PARK, FL. | | | City & State | | |
| Zip 32789 | | Country USA | | Zip | |
| Country | | Country | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SMALLEY & COMPANY, P.L. 1517 E HILLCREST STREET ORLANDO, FL 32803 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| DATE | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KEITH, MEGAN C 96 COLUMBIA STREET #6 ORLANDO, FL 32806 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ELDER, MEGAN C 427 S. NEW YORK AVE. #103 WINTER PARK, FL. 32789 | |
| | <input type="checkbox"/> Delete | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5868681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

SIGNATURE: Megan C Elder

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

4/25/08 407 925 5623

Date Daytime Phone #