

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112270

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: BOYLANS TAX & FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

1799 N. ST. RD. 7  
10  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

1799 N. ST. RD. 7  
10  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 20-5964238      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BLACK FISHER, PA  
2691 E. OAKLAND PARK BLVD  
SUITE 402  
FT. LAUDERDALE, FL 33306 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: MGRM ( ) Delete  
Name: BOYLAN, JAMES F  
Address: 1799 N. ST. RD. 7 STE. 10  
City-St-Zip: MARGATE, FL 33063

Title: MGRM ( ) Delete  
Name: BOYLAN, KYLEE E  
Address: 1799 N. ST. RD. 7 STE. 10  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES:**

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: KYLEE BOYLAN

MGRM

03/20/2009

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