


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90057 019 \*\*\*138.75

<b>DOCUMENT # L07000047541</b>			
1. Entity Name <b>BOOMIE, LLC</b>			
Principal Place of Business <b>4411 BEE RIDGE ROAD, SUITE 275 SARASOTA, FL 34233</b>		Mailing Address <b>4411 BEE RIDGE ROAD, SUITE 275 SARASOTA, FL 34233</b>	
2. Principal Place of Business - No P.O. Box # <b>4025 Cattleman Rd.</b>		3. Mailing Address <b>4025 Cattleman Rd.</b>	
Suite, Apt. #, etc. <b>Suite 130</b>		Suite, Apt. #, etc. <b>Suite 130</b>	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>	
Zip <b>34233</b>		Zip <b>34233</b>	
Country <b>US</b>		Country <b>US</b>	
6. Name and Address of Current Registered Agent  <b>WEBB, RICHARD S IV, ESQ C/O ICARD, MERRILL, ET AL. 2033 MAIN STREET, #600 SARASOTA, FL 34237</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALTZMAN, ANDREA L TRUSTEE 4411 BEE RIDGE ROAD, SUITE 275 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4025 Cattleman Rd. Suite 130 Sarasota, FL 34233</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <b>Andrea L. Saltzman</b>		Date: <b>4/24/08</b> Daytime Phone #: <b>847-317-1512</b>	

60030782



04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-8989216** Applied For  
Not Applicable

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