

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008011

FILED
Jan 07, 2009
Secretary of State

Entity Name: BOOMERANG TRAVEL, LLC.

Current Principal Place of Business:

271 S.W. WALKING PATH
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

271 S.W. WALKING PATH
STUART, FL 34997

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

FULMELE, THOMAS M
271 SW WALKING PATH
STUART, FL 34997 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: THOMAS M FULMELE

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FULMELE, SUSAN A
Address: 271 S.W. WALKING PATH
City-St-Zip: STUART, FL 34997

Title: MGR () Delete
Name: FULMELE, THOMAS M
Address: 271 S.W. WALKING PATH
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: FULMELE, SUSAN A
Address: 271 S.W. WALKING PATH
City-St-Zip: STUART, FL 34997

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: THOMAS M FULMELE

MGR

01/07/2009

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