

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008817

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** BOYDEN LA, LLC

**Current Principal Place of Business:**

2333 PONCE DE LEON BLVD  
SUITE 1120  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2333 PONCE DE LEON BLVD  
SUITE 1120  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-1826469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNELLY, THOMAS  
1111 BRICKELL AVENUE  
SUITE 1100  
MIAMI, FL 33131 US

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

CONNELLY, THOMAS  
2333 PONCE DE LEON BLVD  
SUITE 1120  
CORAL GABLES, FL 33134 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:

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BYRNE, JOHN  
Address: 2333 PONCE DE LEON BLVD, SUITE 1120  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: CONNELLY, THOMAS  
Address: 2333 PONCE DE LEON BLVD, SUITE 1120  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 CONNELLY

MGRM

04/10/2012

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