

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015036

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: BOCA CIEGA TH LLC

**Current Principal Place of Business:**

11825 SHIRE WYCLIFFE CT  
TAMPA, FL 33626

**New Principal Place of Business:**

9341 WELLINGTON PARK CIRCLE  
TAMPA, FL 33647

**Current Mailing Address:**

11825 SHIRE WYCLIFFE CT  
TAMPA, FL 33626

**New Mailing Address:**

9341 WELLINGTON PARK CIRCLE  
TAMPA, FL 33647

FEI Number: 26-1937128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHECHT, NEIL E  
3630 W KENNEDY BLVD  
TAMPA, FL 33609 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: MGR ( ) Delete  
Name: MILLER, GARY L  
Address: 11825 SHIRE WYCLIFFE CT  
City-St-Zip: TAMPA, FL 33626

Title: MGRM ( ) Delete  
Name: MILLER, SASHA C  
Address: 11825 SHIRE WYCLIFFE CT  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MILLER, GARY L  
Address: 9341 WELLINGTON PARK CIRCLE  
City-St-Zip: TAMPA, FL 33647

Title: MGRM (X) Change ( ) Addition  
Name: MILLER, SASHA C  
Address: 9341 WELLINGTON PARK CIRCLE  
City-St-Zip: TAMPA, FL 33647

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: GARY L MILLER

MGR

04/30/2009

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