

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106594

FILED
Apr 09, 2009
Secretary of State

Entity Name: BOSS BUSINESS OFFICE SOLUTIONS AND SUPPORT LLC

Current Principal Place of Business:

316 NW ALACHUA AVE.
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

316 NW ALACHUA AVE.
LAKE CITY, FL 32055

New Mailing Address:

9867 MARSH POINTE DRIVE
ORLANDO, FL 32832 US

FEI Number: 26-3723396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADDOCK, HECTOR
9867 MARSH POINT DRIVE
ORLANDO, FL 32832 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: HADDOCK, HECTOR
Address: 9867 MARSH POINTE DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: MGRM () Delete
Name: HADDOCK, JACQUELINE
Address: 9867 MARSH POINTE DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: MGRM () Delete
Name: HADDOCK, JAMES
Address: 9867 MARSH POINTE DRIVE
City-St-Zip: ORLANDO, FL 32832

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: HECTOR HADDOCK

MGRM

04/09/2009

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