

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117199

FILED
Apr 19, 2009
Secretary of State

Entity Name: BOSKO FAMILY ENTERPRISE III, LLC

Current Principal Place of Business:

4810 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

1345 BRIGHTON WAY
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 26-3931806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSKO, DONALD
1345 BRIGHTON WAY
LAKELAND, FL 33813 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: BOSKO, DONALD
Address: 1345 BRIGHTON WAY
City-St-Zip: LAKELAND, FL 33813 US

Title: MGR () Delete
Name: BOSKO, TIMOTHY
Address: 4810 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33813 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BOSKO, DONALD
Address: 1345 BRIGHTON WAY
City-St-Zip: LAKELAND, FL 33813 US

Title: T (X) Change () Addition
Name: BOSKO, TIMOTHY
Address: 6273 POND VIEW LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: S () Change (X) Addition
Name: BOSKO, ANDREW
Address: 3851 HORIZON VIEW LOOP
City-St-Zip: LAKELAND, FL 33813

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: DONALD BOSKO

P

04/19/2009

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