

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002967

1. Entity Name  
CITIZENS RESOURCES LLC



**FILED**  
**Jul 25, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
160 FEDERAL STREET, 17TH FLOOR  
BOSTON, MA 02110

Mailing Address  
160 FEDERAL STREET, 17TH FLOOR  
BOSTON, MA 02110



07082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3334379

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000956302  
07/25/08-80002-011 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HUNT, JOHN A JR.
STREET ADDRESS	160 FEDERAL STREET, 17TH FLOOR
CITY-STATE-ZIP	BOSTON, MA 02110
TITLE	MGR
NAME	LEAHEY, PHILIP D
STREET ADDRESS	160 FEDERAL STREET, 17TH FLOOR
CITY-STATE-ZIP	BOSTON, MA 02110
TITLE	MGR
NAME	COUGHLIN, FRAN B
STREET ADDRESS	160 FEDERAL STREET, 17TH FLOOR
CITY-STATE-ZIP	BOSTON, MA 02110
TITLE	MGR
NAME	CROUCH, MARK B
STREET ADDRESS	160 FEDERAL STREET, 17TH FLOOR
CITY-STATE-ZIP	BOSTON, MA 02110
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Philip Leahy

8 July 08 617.912.1440

Date

Daytime Phone #