

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000071996

**Entity Name:** BOONEMED CONSULTING, LLC

**Current Principal Place of Business:**

7410 GUNN HWY  
TAMPA, FL 33625

**Current Mailing Address:**

7410 GUNN HWY  
TAMPA, FL 33625 US

**FEI Number:** 27-2999315

**Certificate of Status Desired:** No

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

LEROE, GEORGE  
7410 GUNN HWY  
TAMPA, FL 33626 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR
Name	LEROE, GEORGE
Address	7410 GUNN HWY
City-State-Zip:	TAMPA FL 33625

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GEORGE LEROE

**OWNER**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date