

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000143807

**Entity Name:** DEBRA BOYSON, LLC

**Current Principal Place of Business:**

3900 COUNTY LINE ROAD #9D  
TEQUESTA, FL 33469

**Current Mailing Address:**

P.O. BOX 4502  
TEQUESTA, FL 33469

**FEI Number:** 46-4922973

**Certificate of Status Desired:** No

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

BOYSON, DEBRA  
3900 COUNTY LINE ROAD #9D  
TEQUESTA, FL 33469 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 BOYSON, DEBRA  
Address 3900 COUNTY LINE ROAD #9D  
City-State-Zip: TEQUESTA FL 33469

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBRA BOYSON

**MANAGER**

**03/02/2016**

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

\_\_\_\_\_  
Date