

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000146025

**Entity Name:** BOYKINS GROUP LLC

**Current Principal Place of Business:**

5555 W LINEBAUGH AVE  
K  
TAMPA, FL 33624

**FILED**  
**Apr 27, 2019**  
**Secretary of State**  
**2510381935CC**

**Current Mailing Address:**

13444 CANOPY CREEK DR  
TAMPA, FL 33625

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

MITCHELL, JOHN  
5555 W LINEBAUGH AVE  
K  
TAMPA, FL 33624 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	PRES	Title	CEO
Name	BOYKINS, CLIFFORD	Name	JONES, LATONIA
Address	13444 CANOPY CREEK DR	Address	13444 CANOPY CREEK DR
City-State-Zip:	TAMPA FL 33625	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LATONIA JONES**

**CEO**

**04/27/2019**

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

\_\_\_\_\_  
Date