

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M96000000289

**Entity Name:** BOYKIN MANAGEMENT COMPANY LIMITED LIABILITY COMPANY

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC9827822823**

**Current Principal Place of Business:**

8015 W KENTON CIRCLE  
SUITE 220  
HUNTERSVILLE, NC 28078

**Current Mailing Address:**

8015 W KENTON CIRCLE  
SUITE 220  
HUNTERSVILLE, NC 28078

**FEI Number: 34-1836174**

**Certificate of Status Desired: No**

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 MRG  
Name ROBERT W BOYKIN  
Address 8015 W KENTON CIRCLE, SUITE 220  
City-State-Zip: HUNTERSVILLE NC 28078

*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: ROBERT BOYKIN**

**MANAGER**

**04/14/2016**

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

\_\_\_\_\_  
Date