

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 09, 2004 8:00 am
Secretary of State

05-03-2004 90113 050 ****50.00

DOCUMENT # L03000009552					
1. Entity Name B2C, LLC					
Principal Place of Business 8550 A1A SOUTH #237 ST. AUGUSTINE, FL 32080			Mailing Address 8550 A1A SOUTH #237 ST. AUGUSTINE, FL 32080		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05 - 0558788	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GENERAL COUNSEL ADVISORS, P.A. 1416 HOLLY GLEN RUN APOPKA, FL 32703				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
B. MANAGING MEMBERS/MANAGERS			C. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORMAN BREEN/SEC/TL ☐ Delete 8550 A1A S UNIT 2-37 ST AUGUSTINE, FL 32080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOANNE BREEN/PRES ☐ Delete 8550 A1A S UNIT 2-37	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAWN BREEN, VP ☐ Delete 13750 W COLONIAL DR 340 WINTER GARDEN, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL CRENSHAW, D ☐ Delete 13750 W COLONIAL DR WG, FL 34777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Norman P. Breen</u> Secretary/Treasurer 04/30/04 904-471-1301 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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