

DOCUMENT # L96000000135

1. Entity Name

BDD&L ENTERPRISES, LIMITED COMPANY

Principal Place of Business

701 Smonton St.
Key West, FL
33040

Mailing Address

PO Box 182
Key West, FL
33041

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

65-0637716

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Lynn Kaufelt

Street Address (P.O. Box Number is Not Acceptable)

900 Flagler Ave.

City

Key West

FL

Zip Code

33040

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteMGMR
Lynn Kaufelt
900 Flagler
Key West, FL 33040TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteDavid Kaufelt MGRM
900 Flagler
Key West, FL 33040TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteDonna Lieb MGRM
1025 Von Phister
Key West, FL 33040TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteBob Lieb MGRM
1025 Von Phister
Key West, FL 33040TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition000003819360---3
-03/08/01--01097--017*****50.00 ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/7/01 (305) 246-0011

Date

Daytime Phone #

FILED

01 MAR -1 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)