

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000096463

**Entity Name:** BIVENS & BROWN ENTERPRISE, LLC

**Current Principal Place of Business:**

2064 W 1ST ST  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

2064 W 1ST ST  
JACKSONVILLE, FL 32209

**FEI Number:** 26-1106185

**Certificate of Status Desired:** No

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

SHARON, BIVINS  
2064 W 1ST ST.  
JACKSONVILLE, FL 32218 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 MGMR  
Name BIVINS, SHARON  
Address 10989 PROSPECTOR DR.  
City-State-Zip: JACKSONVILLE FL 32218

Title MGMR  
Name MARKECIA, BIVINS  
Address 8218 HALLS HAMMOCK CT.  
City-State-Zip: JACKSONVILLE FL 32244

Title DIRECTOR  
Name BESSIE , WILLIAMS  
Address 2064 W 1ST ST  
City-State-Zip: JACKSONVILLE FL 32209

*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:** SHARON BIVINS

MANGER

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date