

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000018722

Entity Name: HBD-BBD, LLC**Current Principal Place of Business:**1293 QUATTLEFIELD LANE
FERNANDINA BEACH, FL 32034**Current Mailing Address:**1293 QUATTLEFIELD LANE
FERNANDINA BEACH, FL 32034**FEI Number:** 26-4527346**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUCHANAN, CYNTHIA D
1293 QUATTLEFIELD LANE
FERNANDINA BEACH, FL 32034 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	MRGM
Name	NATION, BARBARA D
Address	502 OAKVIEW COURT
City-State-Zip:	SCHAUMBURG IL 60193

Title	MRGM
Name	DICKENS, JACKSON H
Address	91097 FIDDLER DRIVE
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	MRGM
Name	DICKENS, WILLIAM C
Address	14350 SE 107TH AVE
City-State-Zip:	SUMMERFIELD FL 34491

Title	MRGM
Name	BUCHANAN, CYNTHIA D
Address	1293 QUATTLEFIELD LANE
City-State-Zip:	FERNANDINA BEACH FL 32034

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: CYNTHIA D. BUCHANAN**REGISTERED AGENT****02/15/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date