

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90043 019 \*\*\*\*\*50.00

0052309

**DOCUMENT # L00000000839**

1. Entity Name  
**B.I.G., LLC**



Principal Place of Business  
**1160 HOLLOWBROOK LANE, N.E.  
MALABAR FL 32950**

Mailing Address  
**1160 HOLLOWBROOK LANE, N.E.  
MALABAR FL 32950**

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 **59-3617341**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD, SUITE 505  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

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

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

*Patrick Anderson*

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **COTTI, BRUCE DAVID**  
STREET ADDRESS **1160 HOLLOWBROOK LANE, N.E.**  
CITY-ST-ZIP **MALABAR FL 32950**

TITLE **MGR** ☐ Delete  
NAME **TRAFIBIO, PHILIP JOHN**  
STREET ADDRESS **3040 COREY ROAD**  
CITY-ST-ZIP **MALABAR FL 32950**

TITLE **MGR** ☐ Delete  
NAME **ZIEGLER, ANDREW JEFF**  
STREET ADDRESS **207 SOUTH GATE BOULEVARD**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☐ Addition  
NAME **Ziegler, Andrew Jeff**  
STREET ADDRESS **4045 Powell Rd**  
CITY-ST-ZIP **West Melbourne FL 32904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**4-403 321-7240279**

CR2E083 (10/02)