

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90173 019 ****50.00

DOCUMENT # L00000003752

1. Entity Name

BYG, LLC



Principal Place of Business

2248 NW 6TH PLACE
GAINESVILLE FL 32603

Mailing Address

2381 ALOMA AVE
STE 194
WINTER PARK FL 32792

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

127 W. Fairbanks Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

504

City & State

City & State

Winter Park, FL 32789

Zip

Country

Zip

Country

32789

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

52-2228887

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

IMBODEN, KELLY M
2248 NW 6TH PLACE
GAINESVILLE FL 32603

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

Signature type, 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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	IMBODEN, KELLY M	2248 NW 6TH PLACE	GAINESVILLE FL 32603	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	STILLS, STEPHEN A	2248 NW 6TH PLACE	GAINESVILLE FL 32603	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

Kelly M. Imboden Kelly M. Imboden 3/1/07 310-600-7186