

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90045 034 *****55.00

DOCUMENT # L00000003752

1. Entity Name

BYG, LLC



Principal Place of Business

191 N. PHELPS AVE.
WINTER PARK FL 32789

Mailing Address

2381 ALOMA AVE
STE 194
WINTER PARK FL 32792

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 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

MUCHONEY, KELLY L
2381
191 N. PHELPS AVE.
PMB 194
WINTER PARK FL 32792

Name Kelly Muchoney Imboden

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

2381 Aloma Ave. / 191 N. Phelps Ave.
UPAB 194 / Winter Park

City Winter Park

FL

Zip Code 32792

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, 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

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MUCHONEY, KELLY
STREET ADDRESS 191 N. PHELPS AVE.
CITY-ST-ZIP WINTER PARK FL 32789

TITLE
NAME Kelly Muchoney Imboden
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM
NAME STILLS, STEPHEN A
STREET ADDRESS 191 N. PHELPS AVE.
CITY-ST-ZIP WINTER PARK FL 32789

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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 of 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

1/21/03

407-644-6426

Date

Daytime Phone #

CR2E083 (10/02)