

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006595

Entity Name: B.B.S. ENTERPRISES L.L.C.

FILED
Sep 03, 2008
Secretary of State

Current Principal Place of Business:

506 EAST OBISPO AVE
CLEWISTON, FL 33440

New Principal Place of Business:

210 W SUGARLAND HWY
CLEWISTON, FL 33440

Current Mailing Address:

506 EAST OBISPO AVE
CLEWISTON, FL 33440

New Mailing Address:

210 W SUGARLAND HWY
CLEWISTON, FL 33440

FEI Number: 65-0928676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGARDUS, SUSY
155 NORTH ROMERO ST.
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUSY BOGARDUS,
Address: 155 NORTH ROMERO ST.
City-St-Zip: CLEWISTON, FL 33440

Title: MGR (X) Delete
Name: MESTRES, ROBERT W
Address: 506 EAST OBISPO AVE
City-St-Zip: CLEWISTON, FL 33440

Title: MGR (X) Delete
Name: BOGARDUS, STEVE
Address: 506 EAST OBISPO AVE
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SUSY BOGARDUS

MGRM

09/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date