

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007132**

1. Entity Name  
**B.D.G. LIMITED LIABILITY COMPANY**



Principal Place of Business  
**309 DOGWOOD DRIVE  
SANFORD, FL 32771**

Mailing Address  
**309 DOGWOOD DRIVE  
SANFORD, FL 32771**



04192007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3654341**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FILINGS, INC.  
3732 NORTHWEST 16TH STREET  
FORT LAUDERDALE, FL 33311**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BECK, CHARLES W JR
STREET ADDRESS	32706 OAK VALLEY LANE
CITY- ST- ZIP	SORRENTO, FL 32776
TITLE	MGRM
NAME	DENNARD, ROBERT W
STREET ADDRESS	2321 ROANOKE COURT
CITY- ST- ZIP	LAKE MARY, FL 32746
TITLE	MGRM
NAME	GREENE, ALFRED F JR.
STREET ADDRESS	309 DOGWOOD DRIVE
CITY- ST- ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000724911  
05/03/07-80001-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Alfred F. Greene Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4-18-07 407-474-0750*

Date

Daytime Phone #