

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90076 010 ****50.00

DOCUMENT # L00000008541

1. Entity Name
BIG INVESTMENT GROUP, LLC



Principal Place of Business
400 SEABREEZE BLVD
DAYTONA BEACH, FL 32118

Mailing Address
400 SEABREEZE BLVD
DAYTONA BEACH, FL 32118

00044307



2. Principal Place of Business - No P.O. Box #
539 N Oleander Ave

3. Mailing Address
539 N Oleander Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007 Chg-LLC CR2E083 (12/06)

City & State
Daytona Beach FL

City & State
Daytona Beach FL

4. FEI Number
59-3660487

Applied For
Not Applicable

Zip
32118

Country
USA

Zip
32118

Country
USA

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

BRETZEL, MICHAEL
400 SEABREEZE BLVD
DAYTONA BEACH, FL 32118

Name

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

539 N Oleander Avenue

City
Daytona Beach

FL

Zip Code
32118

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

Michael Bretzel, Mgrm

4/25/2007

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRETZEL, MICHAEL
400 SEABREEZE BLVD
DAYTONA BEACH, FL 32118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
539 N Oleander Avenue
Daytona Beach FL 32118 ☒ Change ☐ Addition

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

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

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

Date

Daytime Phone #

4/25/2007 386-253-3744