

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-29-2003 90056 035 *****50.00

DOCUMENT # L00000011108

1. Entity Name

B & B ASSOCIATES, LLC



Principal Place of Business

**3783 SUNWARD DRIVE
MERRITT ISLAND FL 32953**

Mailing Address

**3783 SUNWARD DRIVE
MERRITT ISLAND FL 32953**

2. Principal Place of Business

4112 TRADEWINDS TRAIL

3. Mailing Address

4112 TRADEWINDS TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND FL

City & State

MERRITT ISLAND FL

Zip

Country

32953

FLORIDA

Zip

Country

32953

FLORIDA

4. FEI Number **59-3672246**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOYLAN, MICHAEL
3783 SUNWARD DRIVE
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name

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

4112 TRADEWINDS TRAIL

City

MERRITT ISLAND

FL

Zip Code

32953

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 Boylan **MICHAEL BOYLAN**

1-21-03

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

TITLE **MGR** ☐ Delete
NAME **SANDOLLAR SALES CORPORATION**
STREET ADDRESS **3783 SUNWARD DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **MGR** ☐ Delete
NAME **BRAIL, TONY**
STREET ADDRESS **5475 VINELAND ROAD, #8206**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4112 TRADEWINDS TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael Boylan **MICHAEL BOYLAN**

Date

Daytime Phone #

CR2E083 (10/02)