

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013263

FILED
Jun 15, 2009
Secretary of State

Entity Name: B&D GROUP L.L.C.

Current Principal Place of Business:

1702 LINDSEY RD.
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

PO BOX 600781
JACKSONVILLE, FL 32260

New Mailing Address:

FEI Number: 59-3694411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEONARD, GAYNOR M
5510 COUNTY ROAD 209 S
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

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: DEVIN NEWMAN FOR ALL FLORIDA FIRM INC

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEONARD, BRIAN
Address: 5510 COUNTY RD 209 S
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM () Delete
Name: BUTTERWORTH, DAN
Address: 3297 SEQUOYAH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

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: BRIAN LEONARD

MGRM

06/15/2009

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