

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013604

1. Entity Name
BG FLORIDA 1, LLC

FILED

01 MAY -1 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11755 WILSHIRE BLVD., STE. 900
LOS ANGELES CA 90025

Mailing Address
11755 WILSHIRE BLVD., STE. 900
LOS ANGELES CA 90025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

DECUBELLUS & MEEKS, P.A.
837 NORTH GARLAND AVE.
ORLANDO FL 32801

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEERBROOK GROUP, LLC
11755 WILSHIRE BLVD., STE. 900
LOS ANGELES CA 90025

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

SA 1 2

4/30/01

310-966-1310

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