

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90022 004 ****50.00

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1. Entity Name
B T PRODUCTS, LLC



Principal Place of Business
13231 NORTHEAST 52ND STREET
WILLISTON, FL 32696

Mailing Address
5900 S TAMiami TRAIL
STE 1
SARASOTA, FL 34231

20026947

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 19319
Suite, Apt. #, etc.

City & State
SARASOTA, FL

Zip
34231

Country
USA

01152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3706750

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TRACY, CATHERINE L
5900 S TAMiami TRAIL
SUITE 1
SARASOTA, FL 34231

7. Name and Address of New Registered Agent
Name
CATHERINE L. TRACY
Street Address (P.O. Box Number is Not Acceptable)
2058 Constitution Blvd
City
SARASOTA FL Zip Code
34231

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 Catherine L. Tracy DATE 1-15-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANKS, RUDOLPH H JR. 13231 NORTHEAST 52ND STREET WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: R. Banks Date 31 Mar 05

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