

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90209 027 ****50.00

DOCUMENT # L01000021605

1. Entity Name

B & K HOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4020 E. 12TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

17924 SPENCER ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

Zip
33605

Country
USA

City & State
ODESSA, FL

Zip
33556

Country
USA

4. FEI Number

80-0023782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
DANIEL D. WHITAKER

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

CAREY, O'MALLEY, WHITAKER & MALISON, P.A.

712 SOUTH OREGON AVENUE

City
TAMPA

FL

Zip Code
33606

**DO NOT WRITE
IN THIS SPACE**

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 state if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

MANAGER
William J. Barry
17924 SPENCER ROAD
ODESSA, FL 33556

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

MANAGER
ELIZABETH A. BARRY
17924 SPENCER ROAD
ODESSA, FL 33556

**TITLE
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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:

Elizabeth A. Barry

02-21-02

813-293-3334

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

Date

Daytime Phone #

CR2E083B (12/01)