FILED
Jun 09, 2003 8:00 am
Secretary of State
04-23-2003 90130 031 ****50.00

4/23

4.

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021605

1. Entity Name
B & K HOLDINGS, LLC

44UU4U33

Principal Place of Business	Mailing Address
2040 E. 12TH AVENUE TAMPA, FL 33605	17924 SPENCER ROAD ODESSA, FL 33556

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8918 SABAL INDUSTRIAL BLVD	8918 SABAL INDUSTRIAL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33619 Country: USA	Zip: 33619 Country: USA

4. FEI Number [redacted] ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITAKER, DANIEL D
CAREY, O'MALLEY, WHITAKER & MANSON, P.A.
712 SOUTH OREGON AVE.
TAMPA, FL 33606

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when reinstating)

Certified Copy
Certificate Of Status
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARRY, WILLIAM J 17924 SPENCER ROAD ODESSA, FL 33556	☐ Delete	MGR BARRY, WILLIAM J 10304 CARROLL SHORES PLACE TAMPA, FL 33612	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARRY, ELIZABETH A 17924 SPENCER ROAD ODESSA, FL 33556	☐ Delete	MGR BARRY, ELIZABETH 10304 CARROLL SHORES PLACE TAMPA FL 33612	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

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 04-15-03 813-620-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #