

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90105 039 ****50.00

DOCUMENT # L02000006164

1. Entity Name
BLACKBERRY BAY TRADERS, L.L.C.



Principal Place of Business
**1480 WYN COVE DRIVE
VERO BEACH, FL 32963**

Mailing Address
**1480 WYN COVE DRIVE
VERO BEACH, FL 32963**

60036006



2. Principal Place of Business
1610 N 42nd Cir #210
Suite, Apt. #, etc.

3. Mailing Address
4076 Po Box 4076
Suite, Apt. #, etc.

04282005 Chg-LLC CR2E083 (10/03)

City & State
Vero Beach FLA
Zip
32961 Country

City & State
Vero Beach FLA
Zip
32963 Country

4. FEI Number
02-0636306 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FENNELL, TODD W ESQ.
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**
CK # 1082

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MGRM** ☐ Delete
STREET ADDRESS **CASARES, MANUEL**
CITY-ST-ZIP **1480 WYN COVE DRIVE
VERO BEACH, FL 32963**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **CASARES, Manuel**
STREET ADDRESS **1610 N 42nd Cir #210**
CITY-ST-ZIP **Vero Beach FL 32967**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4-29-05 **772-473-9029**
Date Daytime Phone #