

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90761 038 \*\*\*\*50.00

**DOCUMENT # L02000010839**

1. Entity Name

**B & G CONSTRUCTION CO., LLC.**



Principal Place of Business

Mailing Address

3333-24 VIRGINIA BEACH BLVD.  
C/O ESG  
VIRGINIA BEACH VA 23452

3333-24 VIRGINIA BEACH BLVD.  
C/O ESG  
VIRGINIA BEACH VA 23452

2. Principal Place of Business

3. Mailing Address

11640 Twelve Oaks Way  
Suite, Apt. #.

11640 Twelve Oaks Way  
Suite, Apt. #, etc.

City & State

City & State

10 Palm Beach FLA

10 Palm Beach FLA

Zip

Country

Zip

Country

33408

33408

4. FEI Number

Applied For

Not Applicable

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

WHITE, CHARLES R  
725 NORTH A1A, SUITE E-102  
JUPITER FL 33477

Name

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

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

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

(NOTE: Registered

is required when reinstating)

DATE

**FILE NOW!!! FEE IS \$80.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE: MGR  
NAME: GARCIA, SANDRA H  
STREET ADDRESS: 3333-24 VIRGINIA BEACH BLVD,  
CITY-ST-ZIP: VIRGINIA BEACH VA 23452

☒ Delete

TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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President  
James F Butler  
11640 Twelve Oaks Way  
10 Palm Beach, FLA 33408

TITLE  
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STREET ADDRESS  
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☐ 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

President

11/7/2003

SIGNED: [Signature] President