

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90018 011 ****50.00

DOCUMENT # L02000015053

1. Entity Name

B & M INLET PARTNERS, LLC



Principal Place of Business

**369 WEST SHORE DRIVE
PANAMA CITY BEACH FL 32413**

Mailing Address

**PO BOX 611304
ROSEMARY BEACH FL 32461**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 611244

Suite, Apt. #, etc.

City & State

ROSEMARY BEACH, FL

Zip

32461

Country

USA

4. FEI Number

01-0717558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BARGERON, CLAYTON H
369 WEST SHORE DRIVE
PANAMA CITY BEACH FL 32413**

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

Clayton H Barger

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

(NOTE: Registered Agent signature required when reinstating)

9/7/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BARGERON, CLAYTON H
369 WEST SHORE DRIVE
PANAMA CITY BEACH FL 32413**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MOULTRIE, FRANK A
4918 APPALOOSA TRAIL
BIRMINGHAM AL 35242**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

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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:

Clayton H Barger

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

Date

Daytime Phone #

9/7/03

CR2E083 (4/03)