

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700017849107
05/01/03--01084--024 **50.00

DOCUMENT # L02000022070

1. Entity Name
B & K PROPERTIES, LLC

Principal Place of Business
672 BRENT LANE
PENSACOLA, FL 32503

Mailing Address
672 BRENT LANE
PENSACOLA, FL 32503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

KIMBALL, ROBERT W
672 BRENT LANE
PENSACOLA, FL 32503

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 designating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	MGRM	COASTAL MANAGEMENT, LLC	672 BRENT LANE PENSACOLA, FL 32503	☐
	MGRM	BRANDON, WILLIAM W	5 COUNTRY CLUB ROAD SHALIMAR, FL 32579	☐
				☐
				☐
				☐
				☐

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this report is true and accurate and my signature shall be the same 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 #