

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90038 044 ****50.00

DOCUMENT # L02000027921

1. Entity Name

B & B LIMITED, LLC



Principal Place of Business

Mailing Address

**20031 NE 21 COURT
NORTH MIAMI BEACH FL 33179**

**20031 NE 21 COURT
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

219 7th St.

3. Mailing Address

219 7th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip **33139** Country **USA**

Zip **33139** Country **USA**

4. FEI Number

82-0569991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

10105656



6. Name and Address of Current Registered Agent

**BATIEVSKY, MARK
20031 NE 21 COURT
NORTH MIAMI BEACH FL 33179**

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

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

MARK BATIEVSKY PRES.

5/1/03

(NOTE: Registered Agent signature required when reinstating)

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 **MGRM** ☐ Delete
NAME **BATIEVSKY, MARK**
STREET ADDRESS **20031 NE 21 COURT**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **MGRM** ☐ Delete
NAME **BOUCHER, PERRY**
STREET ADDRESS **18531 NORTH BAY ROAD**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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:

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

5/1/03

Date

305-672-9449

Daytime Phone #

CR2E083 (10/02)