

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 13 AM 10:22

DOCUMENT # L02000029639

1. Entity Name
B & V, LLC



Principal Place of Business

THE CRYSTAL LOFT
30136 OVERSEAS HWY
BIG PINE KEY, FL 33043 US

Mailing Address

THE CRYSTAL LOFT
30136 OVERSEAS HWY
BIG PINE KEY, FL 33043 US

DO NOT WRITE IN THIS SPACE

09152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
46-0572464

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, VICTORIA D
70 E. CAHILL CT
BIG PINE KEY, FL 33042

**DO NOT WRITE
IN THIS SPACE**

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 Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by October 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME COOPER, VICTORIA D
STREET ADDRESS 70 E. CAHILL CT.
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE MGR
NAME HILL, J. ROBERT
STREET ADDRESS 1208 JOHNSTOWN RD
CITY-ST-ZIP ELIZABETHTOWN, KY 42701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

100059749271
09/19/05--01059--008 **50.00

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IN THIS SPACE**

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:

Victoria D. Cooper

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

9/15/05

Date

305-872-9390

Daytime Phone #