

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90091 031 \*\*\*\*55.00

**DOCUMENT # L02000029639**

1. Entity Name  
**B & V, LLC**



Principal Place of Business

**70 E. CAHILL CT  
BIG PINE KEY FL 33042**

Mailing Address

**70 E. CAHILL CT  
BIG PINE KEY FL 33042**

2. Principal Place of Business **The Crystal Loft**

3. Mailing Address

**The Crystal Loft**

Suite, Apt. #, etc.

**30136 Overseas Hwy.**

Suite, Apt. #, etc.

**30136 Overseas Hwy**

City & State

**BIG Pine Key, FL**

City & State

**BIG Pine Key FL**

Zip

**33043**

Country

**USA**

Zip

**33043**

Country

**USA**

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

7. Name and Address of New Registered Agent

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

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

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

(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

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Delete  
NAME **VICTORIA D. COOPER**  
STREET ADDRESS **70 E. CAHILL CT.**  
CITY-ST-ZIP **BIG PINE KEY, FL 33043**

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

TITLE **MANAGER** ☐ Delete  
NAME **J. ROBERT HILL**  
STREET ADDRESS **1208 Johnstown Rd.**  
CITY-ST-ZIP **ELIZABETHTOWN, KY 42701**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

**VICTORIA D. Cooper**

SIGNATURE:

**VICTORIA D. Cooper**

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

**1-10-03**

**305-872-8390**

Date

Daytime Phone #

CR2E083 (10/02)