

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90081 015 \*\*\*\*\*50.00

DOCUMENT # L02000032149

1. Entity Name

B & B ENTERPRISES, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4475 44TH STREET S.

Suite, Apt. #, etc.

3. Mailing Address

4475 44TH STREET S.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

16-1628021

Applied For

Not Applicable

Zip

33711

Country

USA

Zip

33711

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

William E. Sturtz

Street Address (P.O. Box Number is Not Acceptable)

4475 44TH STREET S.

ST. PETERSBURG, FL 33711

City

ST. PETERSBURG

FL

Zip Code

33711

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
mgr  
William E. Sturtz  
4475 44TH STREET S.  
ST. PETERSBURG, FL 33711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
mgr m  
Betty L. Sturtz  
4475 44TH STREET S.  
ST. PETERSBURG, FL 33711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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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.

William E. Sturtz

SIGNATURE:

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

4/15/03

Date

(727) 866-6392

Daytime Phone #

CR2E083B (12/02)