

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

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90025 010 ****50.00

DOCUMENT # L02000033049

1. Entity Name

B-HOLDING INVESTMENT, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2404 LEAFDALE CIRCLE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

2404 LEAFDALE CIRCLE SOUTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FLA.

City & State

JACKSONVILLE, FLA.

Zip

32218

Country

DUVAL

Zip

32218

Country

DUVAL

4. FEI Number

48-1288781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LATRECIA BAKER

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

11829 LEAFDALE CIRCLE W

City

JACKSONVILLE

FL

Zip Code

32218

**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
SOLE MEMBER & MANAGER ^{MGR M}
B-HOLDING INVESTMENT II, INC.
2404 LEAFDALE CIRCLE S
JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/02)

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.

B-HOLDING INVESTMENT II, INC.

SIGNATURE: Gelema Jackson -- GELEMA-JACKSON V.P.

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

2/15/03

Date

Daytime Phone #