

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000010652



1. Entity Name
BCD&A, L.C.

Principal Place of Business
3392 COMO STREET
PORT CHARLOTTE FL 33948

Mailing Address
3392 COMO STREET
PORT CHARLOTTE FL 33948



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ASHLEY, RUBELLE
3392 COMO STREET
PORT CHARLOTTE FL 33948

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, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GISSENDANNER, BETTY
STREET ADDRESS 3417 TAMiami TRAIL
CITY-ST-ZIP PROT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME U00000035474
STREET ADDRESS 02/06/04-80020-011 50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME DAVIS-BAILEY, VALERIE
STREET ADDRESS 1637 NW 27TH AVE.
CITY-ST-ZIP MIAMI FL 33125

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

TITLE MGRM ☐ Delete
NAME ASHLEY, RUBELLE
STREET ADDRESS P.O. BOX 494878
CITY-ST-ZIP PORT CHARLOTTE FL 33949

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

TITLE MGRM ☐ Delete
NAME ASHLEY, ANGELA
STREET ADDRESS P.O. BOX 494878
CITY-ST-ZIP PORT CHARLOTTE FL 33949

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

TITLE MGRM ☐ Delete
NAME CARR, BERNIE
STREET ADDRESS 12049 SW 117TH AVE.
CITY-ST-ZIP MIAMI FL 33186

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

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: Rubelle Ashley (Rubelle Ashley)

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

02/02/04 941-743-4857

Date

Daytime Phone #