

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010652

FILED  
May 20, 2008  
Secretary of State

Entity Name: BCD&A, L.C.

**Current Principal Place of Business:**

3392 COMO STREET  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

3392 COMO STREET  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

FEI Number: 13-4246011      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ASHLEY, RUBELLE  
3392 COMO STREET  
PORT CHARLOTTE, FL 33948      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: GISSENDANNER, BETTY  
Address: 23259 PAINTER AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: DAVIS-BAILEY, VALERIE  
Address: 3180 COMMODORE PLAZA  
City-St-Zip: MIAMI, FL 33133

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: ASHLEY, RUBELLE  
Address: P.O. BOX 494878  
City-St-Zip: PORT CHARLOTTE, FL 33949

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: ASHLEY, ANGELA  
Address: P.O. BOX 494878  
City-St-Zip: PORT CHARLOTTE, FL 33949

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: CARR, BERNIE  
Address: 12049 SW 117TH AVE.  
City-St-Zip: MIAMI, FL 33186

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

SEC

05/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date