2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# L03000010652

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:

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

Name and Address of New Registered Agent:

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:

Title:	MGRM	( ) Delete
Name:	GISSENDANNER, BETTY	
Address:	23259 PAINTER AVENUE	
City-St-Zip:	PORT CHARLOTTE, FL 33954	
Title:	MGRM	( ) Delete
Name:	DAVIS-BAILEY, VALERIE	
Address:	3180 COMMODORE PLAZA	
City-St-Zip:	MIAMI, FL 33133	
Title:	MGRM	( ) Delete
Name:	ASHLEY, RUBELLE	
Address:	P.O. BOX 494878	
City-St-Zip:	PORT CHARLOTTE, FL 33949	
Title:	MGRM	( ) Delete
Name:	ASHLEY, ANGELA	
Address:	P.O. BOX 494878	
City-St-Zip:	PORT CHARLOTTE, FL 33949	
Title:	MGRM	( ) Delete
Name:	CARR, BERNIE	
Address:	12049 SW 117TH AVE.	
City-St-Zip:	MIAMI, FL 33186	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 TRES 05/08/2009

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