

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90163 036 ****50.00

DOCUMENT # L03000017739

1. Entity Name

BAD BOY INVESTMENTS, LLC



Principal Place of Business

**330 CONKLIN STREET
FARMINGDALE NY 11735**

Mailing Address

**330 CONKLIN STREET
FARMINGDALE NY 11735**

2. Principal Place of Business

4002 Del Prado Blvd.

3. Mailing Address

4002 Del Prado Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

03-0521181

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEE, ROBERT A JR
440 VENTURA PLACE
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **Lee, Robert A. Jr.**

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

4002 Del Prado Blvd.

City

Cape Coral

FL

Zip Code
33904

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

Robert A. Lee, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-05

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **LEE, ROBERT A JR**
STREET ADDRESS **440 VENTURA PLACE**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Lee, Robert A. Jr.**
STREET ADDRESS **4002 Del Prado Blvd.**
CITY-ST-ZIP **Cape Coral, FL 33904**

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

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

TITLE ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

Robert A. Lee, Jr.