

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000023416

1. Entity Name

B&B RESTORATION, LLC



Principal Place of Business

**C/O TOM BRYANT
8344 MASTIC CAY
WEST PALM BEACH FL 33411**

Mailing Address

**C/O TOM BRYANT
8344 MASTIC CAY
WEST PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0851117

Applied For
Not Applied

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

**BRYANT, TOM
8344 MASTIC CAY
WEST PALM BEACH FL 33411**

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, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **BYRANT, TOM**
CITY-ST-ZIP **8344 MASTIC CAY**
WEST PALM BEACH FL 33411

☐ Change ☐ Add
TITLE
NAME
STREET ADDRESS **U00000428050**
CITY-ST-ZIP **02/21/06-80031-017 50.00**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **BROOKS, SHAN**
CITY-ST-ZIP **4459 DANIELSON DRIVE**
LAKE WORTH FL 33467

☐ Change ☐ Add
TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Tom Bryant

TOM BRYANT

2/6/06 5644361334