


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90089 043 ****50.00

DOCUMENT # L03000025310 1. Entity Name B&G SERVICES, LLC					
Principal Place of Business 1576 BELLA CRUZ DR THE VILLAGES FL 32159			Mailing Address 1576 BELLA CRUZ DR THE VILLAGES FL 32159		
2. Principal Place of Business 11 Le Grande Blvd Suite, Apt. #, etc.		3. Mailing Address 11 Le Grande Blvd Suite, Apt. #, etc.			
City & State Lady Lake FL Zip 32159		City & State Lady Lake FL Zip 32159		Country USA	
Country USA		4. FEI Number 16-1344414			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent PALETTA, MARILYN 1576 BELLA CRUZ DR #401 THE VILLAGES FL 32159			7. Name and Address of New Registered Agent 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 <u>Marilyn Paletta</u> (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, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALETTA, MARILYN 1576 BELLA CRUZ DR THE VILLAGES FL 32159 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Marilyn Paletta</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>8/12/05</u> Daytime Phone # <u>352-259-5370</u>		

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