

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90244 008 \*\*\*155.00

DOCUMENT # L03000033687

1. Entity Name  
B & D ENTERPRISE, LLC



Principal Place of Business  
2526 SW 35TH PLACE  
CAPE CORAL, FL 33914

Mailing Address  
2526 SW 35TH PLACE  
CAPE CORAL, FL 33914

20053043



**DO NOT WRITE IN THIS SPACE**

02212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
20-0208056

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LARROW, PAUL L  
3501 DEL PRADO BLVD., STE. 312  
CAPE CORAL, FL 33904

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
RUMMELL, WILLIAM JR  
2526 SW 35TH PLACE  
CAPE CORAL, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HAMPTON, DAVID  
2526 SW 35TH PLACE  
CAPE CORAL, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William Rummel

4/15/05

(239) 282-0116