

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90050 011 ****50.00

DOCUMENT # L03000034667

1. Entity Name
BDG 134, LLC



Principal Place of Business
6654 - 78TH AVE. NORTH
PINELLAS PARK, FL 33781

Mailing Address
6654 - 78TH AVE. NORTH
PINELLAS PARK, FL 33781

20028740



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

54-2125529

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COCKEY, PRESTON O JR.
201 N. FRANKLIN ST., ~~STE. 2200~~
TAMPA, FL 33602

Name Cockey, Preston O Jr
Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin St. #3410
City Tampa FL Zip Code 33602

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME NOWAK, GREG A
STREET ADDRESS 6634 78TH AVE D
CITY-ST-ZIP PINELLAS PARK, FL 33781

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

TITLE MGR ☐ Delete
NAME YEPES, CARLOS A
STREET ADDRESS 6634 78TH AVE D
CITY-ST-ZIP PINELLAS PARK, FL 33781

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 #

4/11/05 727-536-8686