

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90073 013 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000039539**

1. Entity Name  
BDG 580, LLC



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

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

**34006646**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

54-2135896

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

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 reappointing)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
ALEX A NOWAK  
6654 78th Ave N  
Pinellas Park, FL 33781

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
CARLOS A VEPES  
6654 78th Ave N  
Pinellas Park, FL 33781

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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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:

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

4/26/04

(727) 5368686

Class

Daytime Phone #