

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043666

Entity Name: B & W, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1081 N. LAKE SYBELIA DR.
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1081 N. LAKE SYBELIA DRIVE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2377508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURT, RALPH A II
1081 N. LAKE SYBELIA DRIVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURT, RALPH A II
Address: 1081 N. LAKE SYBELIA DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: WOLKEN, LEO B
Address: 1379 SUFFOLK ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM (X) Delete
Name: BURT, SANDRA W
Address: 1081 N. LK. SYBELIA DR.
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BURT, SANDRA W
Address: 1081 N. LK. SYBELIA DR.
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH A. BURT II

MGMR

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date