## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## Aug 23, 2007 08:00 AN Secretary of State DOCUMENT # L03000047816 1. Entity Name **B&E MOBILE SERVICE LLC** Principal Place of Business Mailing Address 1090 GOPHER SLOUGH ROAD MIMS FL 32754 1090 GOPHER SLOUGH ROAD MIMS FL 32754 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suste, Apt #, etc. 2nd MOORE CR2E083 (4/07) Applied For City & State City & State 4. FEI Number 20-0423953 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARRELL, EMILY Street Address (P.O. Box Number is Not Acceptable) 1090 GOPHER SLOUGH ROAD MIMS FL 32751 City 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, typed or primed name of registered agent and title if applie FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change MGR TITLE Addition TITLE ☐ Delete H00000772717 FARRELL, EMILY NAME NAME 08/23/07-80006-014 50.00 STREET ADDRESS 1090 GOPHER SLOUGH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIMS FL 32754 Channe ☐ Addition TITLE TITLE Delete MASA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delata TILE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition | ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST-789 Change Addition ☐ Delete IIILE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition MLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath, 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.

FILED