

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000054483

1. Entity Name
B & B ENTERPRISES, LLC



FILED
08 APR 30 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2623 GLENSIDE RD
TALLAHASSEE, FL 32308

Mailing Address
PO BOX 12582
TALLAHASSEE, FL 32317



04292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3648786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILLIAM, BENJAMIN
2623 GLENSIDE RD
TALLAHASSEE, FL 32308

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ANDERSON, BETTYE
STREET ADDRESS 2623 GLENSIDE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGRM
NAME GILLIAM, BENJAMIN F
STREET ADDRESS 2623 GLENSIDE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

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04/30/08 0101 000 4438.75

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IN THIS SPACE**

11. I hereby 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 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: *Bettye A. Gilliam*

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

4/30/2008 850 545 7208

Date

Daytime Phone #