

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90042 046 ***138.75

DOCUMENT # L03000056378

1. Entity Name
BGI RETIREMENT, LLC



Principal Place of Business
**4445 PINE FOREST DRIVE
LAKE WORTH, FL 33463**

Mailing Address
**4 WEST DANIA BCH BLVD
DANIA, FL 33004**

60039355



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4700 SHERIDAN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

04172008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

HOLLYWOOD, FL

4. FEI Number

20-0532027

Applied For

Not Applicable

Zip

Country

Zip

33001

Country

USA

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

**CROSS, K C
4 WEST DANIA BCH BLVD
DANIA, FL 33004**

Name

CROSS, K C

Street Address (P.O. Box Number is Not Acceptable)

4700 SHERIDAN STREET, SUITE B

City

HOLLYWOOD

FL

Zip Code

33001

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**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CROSS, K C
4 WEST DANIA BCH BLVD
DANIA, FL 33004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CROSS, K C
4700 SHERIDAN STREET, SUITE B
HOLLYWOOD, FL. 33001** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

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

04/30/08

954-367-4563

Date

Daytime Phone #