

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000056616

1. Entity Name
BLT, LLC



Principal Place of Business
1412 ALWYNNE DRIVE
LEHIGH ACRES, FL 33936

Mailing Address
1412 ALWYNNE DRIVE
LEHIGH ACRES, FL 33936

DO NOT WRITE IN THIS SPACE



03262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
27-0088993

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, BARBARA
1412 ALWYNNE DRIVE
LEHIGH ACRES, FL 33936

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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 Barbara Williams
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME WILLIAMS, BARBARA
STREET ADDRESS 1412 ALWYNNE DR
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE P
NAME WILLIAMS, THOMAS
STREET ADDRESS 909 E. BONGAINVILLE RD
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE P
NAME WILLIAMS, LAWRENCE
STREET ADDRESS 1228 ARCH DALE ST
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000310517
04/18/05-30005-025 50.00

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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 606, Florida Statutes.

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

Date

Daytime Phone #