2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
01-26-2006 90069 015 ****50.00

DOCUMENT # L04000001693

1. Entity Name
B V V LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
1667 LAIRD AVE NORTH PORT, FL 34287	1667 LAIRD AVE NORTH PORT, FL 34286

01242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
BVV LIMITED Liability Com			
Suite, Apt. #, etc. 1667		Suite, Apt. #, etc. 1667 Laird Ave	
City & State North Port FL		City & State North Port FL	
Zip 34286	Country U.S.A	Zip 34286	Country 34286

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VALERI, BICHENKOV
1667 LAIRD AVE
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name

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

City FL 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 [signature] Valeri Bichenkov 02/16/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BICHENKOV, VALERI 1667 LAIRD AVE NORTH PORT, FL 34286	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] BICHENKOV Valeri 02/16/06 (941)416-6223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #