

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004002

Entity Name: BCD INVESTMENTS, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

308 S HARBOR CITY BLVD, STE A
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

242 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 20-0599246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOULE, REX E ESQ.
440 S BABCOCK STREET
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOWDELL, BRIAN
Address: 308 S. HARBOR CITY BLVD STE A
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: DOWDELL, ANGELLQUE M
Address: 308 S HARBOR CITY BLVD, STE A
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: ANGELLQUE M. DOWDELL, TRUSTEE
Address: 308 S HARBOR CITY BLVD, STE A
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REX E. MOULE, ESQ.

RA

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date