


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90207 038 ***150.00

DOCUMENT # L04000005722

1. Entity Name
BBLT FOOD SERVICES LLC



Principal Place of Business
**12555 SW 34 PLACE
 DAVIE, FL 33330**

Mailing Address
**12555 SW 34 PLACE
 DAVIE, FL 33330**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

20046037



04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number
14-1902402

Applied For
 Not Applicable

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	
GALINDO, RAY 12555 S.W. 34TH PLACE DAVIE, FL 33330		Name Street Address (P.O. Box Number is Not Acceptable) City	
		State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALINDO, RAY 12555 SW 34 PLACE DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ray Galindo* **RAY GALINDO** **5/10/06** **954-911-9617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #