

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90181 023 ****55.00

DOCUMENT # L04000007177

1. Entity Name
PEMBROOKE BBD, LLC



Principal Place of Business
**7657 MOUNT CARMEL DRIVE
ORLANDO, FL 32835**

Mailing Address
**7657 MOUNT CARMEL DRIVE
ORLANDO, FL 32835**

20010629



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022005 Chg-LLC

CR2E083 (10/03)

4. FEI Number

320116969

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILZER, SCOT A
1155 S. SEMORAN BLVD., SUITE 3-1142
WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent

Brigitte Dagot
Street Address (P.O. Box Number is Not Acceptable)
7657 Mount Carmel dr
City **Orlando** FL **32835**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 9 2005

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROWN DAGOT, BRIGITTE
7657 MOUNT CARMEL DRIVE
ORLANDO, FL 32835** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 608, Florida Statutes.

SIGNATURE:

[Signature]

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

Date

Daytime Phone #

Feb 9 2005 **407 2921142**