

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022022

Entity Name: B & Q II, LLC

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

3101 NW 16TH AVE  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

11025 KENTMERE CT  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 90-0172557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, MARCO A  
7246 SPRING MOUNTAIN LANE  
YALAHUA, FL 34797 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: MGR ( ) Delete  
Name: ALONSO, ARMANDO  
Address: 36007 LAKE UNITY NURSERY  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: MGR ( ) Delete  
Name: MARTINEZ, MARCO  
Address: 3040 N.W. GAINESVILLE ROAD  
City-St-Zip: OCALA, FL 34475

Title: MGR ( ) Delete  
Name: ALONSO, FRANCISCO  
Address: 11025 KENTMERE CT  
City-St-Zip: WINDERMERE, FL 34786

**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: FRANCISCO ALONSO

MGR

01/14/2009

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