

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027116

FILED
May 06, 2009
Secretary of State

Entity Name: BID LIMITED LIABILITY COMPANY

Current Principal Place of Business:

11420 2ND STREET N
APT. 2
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

5157 6TH STREET N
SAINT PETERSBURG, FL 33703

Current Mailing Address:

11420 2ND STREET N
APT. 2
SAINT PETERSBURG, FL 33716

New Mailing Address:

5157 6TH STREET N
SAINT PETERSBURG, FL 33703

FEI Number: 20-0999415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KAISHEV, DOBRIN
11420 2ND STREET N
APT. 2
SAINT PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

KAISHEV, DOBRIN
5157 6TH STREET N
SAINT PETERSBURG, FL 33703 US

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: DOBRIN KAISHEV

05/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAISHEV, DOBRIN B
Address: 11420 2ND STREET N APT. 2
City-St-Zip: SAINT PETERESBURG, FL 33716

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KAISHEV, DOBRIN B
Address: 5157 6TH STREET N
City-St-Zip: SAINT PETERESBURG, FL 33703

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: DOBRIN KAISHEV

MGR

05/06/2009

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