

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90061 031 \*\*\*\*50.00

**DOCUMENT # L04000028957**

1. Entity Name  
B & O OF FLORIDA, L.L.C.



Principal Place of Business  
4819 AQUA LINDA BLVD.  
CAPE CORAL, FL 33914

Mailing Address  
4819 AQUA LINDA BLVD.  
CAPE CORAL, FL 33914

2. Principal Place of Business

4819 Agualinda Blvd

3. Mailing Address

4819 Agualinda Blvd



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-1003005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BUCKLEY, J. PATRICK  
1633 S.E. 47TH TERRACE  
CAPE CORAL, FL 33910

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BRADLEY, ADDISON G  
STREET ADDRESS 1585 HIDER LANE  
CITY-ST-ZIP LAUREL SPRINGS, FL 33914

TITLE MGRM ☐ Delete  
NAME O'HARA, JAMES  
STREET ADDRESS 4818 AGUALINDA BLVD.  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE MGRM ☐ Delete  
NAME DIMEGLIO, MICHAEL  
STREET ADDRESS P.O. BOX 505  
CITY-ST-ZIP VOORHEES, NJ 08043

TITLE MGRM ☒ Delete  
NAME PICCOLO, KEVIN  
STREET ADDRESS 1535 OLD BLACK HORSE PIKE  
CITY-ST-ZIP BLACKWOOD, NJ 08012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 4819 Agualinda Blvd.  
CITY-ST-ZIP

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

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

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

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

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

Date

Daytime Phone #

Addison G. Bradley 3/1/05 856-228-4848