

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90317 018 ***138.75

DOCUMENT # L04000032941

1. Entity Name
BH, LLC



Principal Place of Business
25 WEST CEDAR ST, STE 313
PENSACOLA, FL 32502

Mailing Address
PO BOX 111
PENSACOLA, FL 32591

60026109



2. Principal Place of Business - No P.O. Box #

220 S. PALAFOX PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

City & State

PENSACOLA FL

City & State

4. FEI Number

20-1076421

Applied For

Not Applicable

Zip

32502

Country

Zip

Country

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

MCALPIN, RICHARD R
25 WEST CEDAR ST, STE 313
PENSACOLA, FL 32502

Name

RICHARD R. MCALPIN

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

220 S. PALAFOX PLACE

City

PENSACOLA

FL

Zip Code

32502

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 (see if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MCALPIN, RICHARD R
STREET ADDRESS 25 WEST CEDAR ST, STE 313
CITY-ST-ZIP PENSACOLA, FL 32502 ☐ Delete

TITLE MGR
NAME RICHARD R. MCALPIN
STREET ADDRESS 220 S. PALAFOX PLACE
CITY-ST-ZIP PENSACOLA, FL 32502 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
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 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:

RICHARD R. MCALPIN

Managing Member

1/25/08

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

Date

Daytime Phone #