

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000040243

1. Entity Name
B & L HOME AND BUSINESS MAINTENANCE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 28 AM 9:28

Principal Place of Business
4935 E CR 542
LAKELAND, FL 33801

Mailing Address
4935 E CR 542
LAKELAND, FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142006 Chg-LLC CR2E083 (11/05)

4. FEI Number
41-2139836

Applied For
Not Applicable

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

BYRD, CYNTHIA A
46 SUNSET DRIVE
WINTER HAVEN, FL 33881

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BYRD, CYNTHIA A
46 SUNSET DRIVE
WINTER HAVEN, FL 33881
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGER
James R Byrd
46 SUNSET DR
LAKE ALFRED, FL 33850
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LOFTIN, KYONG S
249 ALACHUA DRIVE
WINTER HAVEN, FL 33884
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGER
KVIN LOFTIN
249 Alachua Dr
WINTER HAVEN, FL 33884
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200078466012
08/08/06--01026--007 **50.00
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

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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: Cynthia A. Byrd Cynthia A Byrd 7-26-06 863-682-0563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #