

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90373 016 ****50.00

DOCUMENT # L04000055950

1. Entity Name
BMD FLORIDA SERVICE, LLC



Principal Place of Business
BRENNAN, MANNA AND DIAMOND
76 SOUTH LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202

Mailing Address
BRENNAN, MANNA AND DIAMOND
76 SOUTH LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1426030

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

WALKO, LEE S
76 SOUTH LAURA STREET
SUITE 2110
JACKSONVILLE, FL 32202

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WALKO, LEE S
76 SOUTH LAURA STREET, SUITE 1700
JACKSONVILLE, FL 32202

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Lee S. Walko
76 S. Laura Street, Suite 2110
Jacksonville, FL 32202

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

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

Date

Daytime Phone #

Lee S. Walko

Lee S. Walko, Asst. Sec. 4.24.07