

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

03-30-2005 90160 005 ****50.00

DOCUMENT # L04000056521					
1. Entity Name BBS, LLC					
Principal Place of Business 8620 SE SABAL STREET HOBE SOUND, FL 33455			Mailing Address 8620 SE SABAL STREET HOBE SOUND, FL 33455		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03142005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-2744300				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, SOPKO 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996			7. Name and Address of New Registered Agent Name: <u>Wilford B Brown</u> Street Address (P.O. Box Number is Not Acceptable): <u>8620 SE SABAL STREET</u> City: <u>Hobe Sound</u> <u>FL</u> Zip Code: <u>33455</u>		
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: <u>Wilford B. Brown</u> <u>Wilford B Brown</u> <u>3-23-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, WILFORD B 8620 SE SABAL STREET HOBE SOUND, FL 33455	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE 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 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: <u>Wilford B. Brown</u> <u>Wilford B Brown</u> <u>3-23-05</u> <u>6161</u>				772-546	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					