## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000058188**

1. Entity Name **BGONE, LLC** 



Principal Place of Business

7125 NW 74 STREET MEDLEY, FL 33166

Mailing Address

7125 NW 74 STREET MEDLEY, FL 33166

## **FILED** Mar 30, 2006 8:00 am Secretary of State

03-30-2006 90192 006 \*\*\*\*50.00



02172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MIGONE, HARRY B **7125 NW 74 STREET** MEDLEY, FL 33166

## DO NOT WRITE IN THIS SPACE

		I			
	named entity submits this statement for the purpose of chains of registered agent.	anging its registere	d office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accep	
SIGNATURE					
Fi	ling Fee is \$50.00 ue by May 1, 2006	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIGONE, HARRY B 7125 NW 74 STREET MEDLEY, FL 33166				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THÍS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

11. I hereby certify that the information supplied with this filling 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.



STREET ADDRESS CITY-ST-ZIP

03-07-2006

(305) 888-6112

SIGNATURE AND TYP NG MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #