

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000058793

1. Entity Name
L.B. & G.Y. LLC



Principal Place of Business
**4083 CLOCKTOWER DRIVE
PORT ORANGE, FL 32129 US**

Mailing Address
**448 SIMCO DRIVE
COLDWATER, MI 49036 US**



03212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0515904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIGGETT, WILLIAM
4083 CLOCKTOWER DRIVE
PORT ORANGE, FL 32129**

**DO NOT WRITE
IN THIS SPACE**

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 William Liggett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIGGETT, WILLIAM 4083 CLOCKTOWER DRIVE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARR, LARRY 448 SIMCO DRIVE COLDWATER, MI 49036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNCE, GARY ROOSEVELT STREET BRONSON, MI 49028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80121-024 50.00

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: Larry Barr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/22/07 517-238-5250
Date Daytime Phone #