

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070156

Entity Name: BMT GROUP LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

5224 WEST STATE ROAD 46 #344  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

5224 WEST STATE ROAD 46 #344  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, BRIAN E  
4863 CAINS WREN TRAIL  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

THOMPSON, BRIAN E  
5224 WEST SR 46 #344  
SANFORD, FL 32771 US

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.

SIGNATURE: BRIAN THOMPSON

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THOMPSON, BRIAN E  
Address: 5224 WEST STATE ROAD 46 #344  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: THOMPSON, ANGELA M  
Address: 5224 WEST STATE ROAD 46 #344  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN THOMPSON

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date