

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075042

FILED
Apr 02, 2008
Secretary of State

Entity Name: B B & L, LLC.

Current Principal Place of Business:

9545 FERN STREET
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

9545 FERN STREET
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 20-1756119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINSON, ROBERT R
9545 FERN STREET
NEW PORT RICHEY, FL US

Name and Address of New Registered Agent:

ATKINSON, ROBERT R
9545 FERN STREET
NEW PORT RICHEY, FL 34654 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:

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ATKINSON, ROBERT R
Address: 9545 FERN STREET
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM () Delete
Name: COMSTOCK, LISA D
Address: 9545 FERN STREET
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM () Delete
Name: ATKINSON, WILLIAM C
Address: 9559 FERN STREET
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES:

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

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: ROBERT R ATKINSON

PRES

04/02/2008

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