

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 29, 2007 8:00 am
Secretary of State

05-31-2007 90151 006 ****50.00

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2nd MOORE CR2E083 (4/07)

DOCUMENT # L04000084846					
1. Entity Name B & B LOGGING, LLC					
Principal Place of Business 17888 NW STEPHEN J REVELL ROAD BRISTOL FL 32321			Mailing Address 17888 NW STEPHEN J REVELL ROAD BRISTOL FL 32321		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2884577	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERS, BRIAN L 17888 NW STEPHEN J. REVELL ROAD BRISTOL, FL 32321			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent's signature required when returning) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDERS, BRUCE L 20543 NW CR 333 BRISTOL, FL 32321	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDERS, BRIAN L 17888 NW STEPHENS J. REVELL ROAD BRISTOL FL 32321	☐ 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	
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	

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 is true and correct.

Brian L. Anders
CR2E083 (4/07) 2ND MOORE

Fold report so address appears in window