

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90113 034 ****50.00

DOCUMENT # L04000089594

1. Entity Name
B & C, LLC



Principal Place of Business
1312 LORI DRIVE
SPRING HILL, FL 34606 US

Mailing Address
1312 LORI DRIVE
SPRING HILL, FL 34606 US

2. Principal Place of Business - No P.O. Box #

1022 Yale Ave

Suite, Apt. #, etc.

3. Mailing Address

1022 Yale Ave

Suite, Apt. #, etc.

City & State
Brooksville, FL

Zip
34613

Country
USA

City & State
Brooksville, FL

Zip
34613

Country
USA

03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2890779

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NUNAG, JOEL M
1312 LORI DRIVE
SPRING HILL, FL 34608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1022 Yale Ave

City
Brooksville

FL

Zip Code
34613

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NUNAG, BEATRIZ M
1312 LORI DRIVE
SPRING HILL, FL 34606 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1022 Yale Ave
Brooksville, FL 34613 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #