

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90015 005 ****50.00

DOCUMENT # L04000092131

1. Entity Name
B & M ENTERPRISES, L.L.C.



Principal Place of Business
WESTSIDE FAMILY MEDICINE
6715 HIGHWAY 98 WEST
PENSACOLA, FL 32506

Mailing Address
WESTSIDE FAMILY MEDICINE
6715 HIGHWAY 98 WEST
PENSACOLA, FL 32506

40091246



04272006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2068960

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

G&L AGENT SERVICES, INC.
ATTN: PRESIDENT
390 NORTH ORANGE AVENUE, SUITE 600
ORLANDO, FL 32801

**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

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

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--|
| TITLE | MGRM |
| NAME | KINGADE, ROBERT L MD <i>Kincaid</i> |
| STREET ADDRESS | 6715 HWY 98 WEST |
| CITY-ST-ZIP | PENSACOLA, FL 32506 |
| TITLE | MGRM |
| NAME | DAUM, MICHAEL J <i>Daum</i> |
| STREET ADDRESS | 6715 HARY 98 WESTQ |
| CITY-ST-ZIP | PENSACOLA, FL 32506 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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]*

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

Date

Daytime Phone #

4/27/06