

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05600020803

1. Entity Name
BJB BUCK LLC



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
3348 PINTAIL DR N
JACKSONVILLE, FL 32250 US

Mailing Address
3348 PINTAIL DR N
JACKSONVILLE, FL 32250 US



07062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2422983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRASWELL, BRENDA J
3348 PINTAIL DR N
JACKSONVILLE, FL 32250

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited
liability company did not receive the prior notice.

U00000954233
07/11/08-80003-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	BRASWELL, BRENDA J
STREET ADDRESS	3348 PINTAIL DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	S
NAME	BRASWELL, ROBERT L
STREET ADDRESS	3348 PINTAIL DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32250
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-9-08 904-445-5571