

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021400

Entity Name: B & M EQUIPMENT, LLC

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

4501 B WHITEWAY DAIRY ROAD
FT PIERCE, FL 34947

New Principal Place of Business:

4501 B WHITEWAY DAIRY ROAD
FT PIERCE, FL 349474424

Current Mailing Address:

4501 B WHITEWAY DAIRY ROAD
FT PIERCE, FL 34947

New Mailing Address:

4501 B WHITEWAY DAIRY ROAD
FT PIERCE, FL 349474424

FEI Number: 20-2458619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUETTLER, BENJAMIN G
4501 B WHITEWAY DAIRY ROAD
FT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

GUETTLER, BENJAMIN G
4501 B WHITEWAY DAIRY ROAD
FT PIERCE, FL 349474424 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:

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUETTLER, BENJAMIN G
Address: 4501 B WHITEWAY DAIRY ROAD
City-St-Zip: FT PIERCE, FL 34947

Title: MGR () Delete
Name: VEILLETTE, MARK
Address: 6031 STATE ROAD 524
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GUETTLER, BENJAMIN G
Address: 4501 B WHITEWAY DAIRY ROAD
City-St-Zip: FT PIERCE, FL 349474424

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: BENJAMIN G GUETTLER

MGR

04/02/2009

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