

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90023 025 ****55.00

DOCUMENT # L05000036106

1. Entity Name
B & B CONSULTANTS LLC



Principal Place of Business
**3444 HIGHLANDS BRIDGE ROAD
SARASOTA, FL 34235**

Mailing Address
**3444 HIGHLANDS BRIDGE ROAD
SARASOTA, FL 34235**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number

52-2115021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAPTISTE, ROY L DR.
3444 HIGHLANDS BRIDGE ROAD
SARASOTA, FL 34235**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BAPTISTE, ROY L
3444 HIGHLANDS BRIDGE ROAD
SARASOTA, FL 34235** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BAPTISTE, CHERYLE
3444 HIGHLANDS BRIDGE ROAD
SARASOTA, FL 34235** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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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: *Malcolm Carpenter* **MALCOLM CARPENTER, MGRM**

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


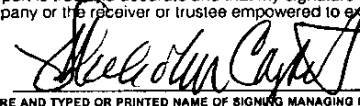
Date

Daytime Phone #

**202 537
3-6-06 1958**

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # L05000036106 1. Entity Name B & B CONSULTANTS LLC					
Principal Place of Business 3444 HIGHLANDS BRIDGE ROAD SARASOTA, FL 34235			Mailing Address 3444 HIGHLANDS BRIDGE ROAD SARASOTA, FL 34235		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BAPTISTE, ROY L DR. 3444 HIGHLANDS BRIDGE ROAD SARASOTA, FL 34235				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAPTISTE, ROY L 3444 HIGHLANDS BRIDGE ROAD SARASOTA, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAPTISTE, CHERYLE 3444 HIGHLANDS BRIDGE ROAD SARASOTA, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: 			MALCOLM CARPENTER, MGRM		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3-6-06 Daytime Phone # 202 537 1858		

20025326



02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number **52-2115021** Applied For ☐ Not Applicable ☐

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