

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043042

Entity Name: B+M STUDIOS, LLC

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

1143 JAYHILL DR  
MINNEOLA, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

1143 JAYHILL DR  
MINNEOLA, FL 34715

**New Mailing Address:**

FEI Number: 20-2750481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEYER, ALBERT A  
310 GULF BROKE CIR  
STE 210  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

MEYER, ALBERT A  
968 VINERIDGE RUN  
STE 304  
ALTAMONTE SPRINGS, FL 32714 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: ALBERT MEYER

01/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MEYER, ALBERT A  
Address: 520 SABAL LAKR DR  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Delete  
Name: BONET, ROBERT  
Address: 1143 JAYHIL DR  
City-St-Zip: MINNEOLA, FL 34715

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MEYER, ALBERT A  
Address: 968 VINERIDGE RUN #304  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR (X) Change ( ) Addition  
Name: BONET, ROBERTO  
Address: 1143 JAYHIL DR  
City-St-Zip: MINNEOLA, FL 34715

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: ALBERT MEYER

PRES

01/19/2009

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