## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000057930

Entity Name: B & B GROUP LLC

City-St-Zip:

LEXINGTON PARK, MD 20653 US

FILED Feb 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 549 SE WHITMORE DRIVE PORT SAINT LUCIE, FL 34984 **Current Mailing Address: New Mailing Address:** 549 SE WHITMORE DRIVE PORT SAINT LUCIE, FL 34984 FEI Number: 81-0673594 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAGGETT, KAREN S 549 SE WHITMORE DRIVE PORT SAINT LUCIE, FL 34984 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BAGGETT, LARRY W SR. Name: Name: Address: 549 SE WHITMORE DRIVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34984 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BAGGETT, KAREN S Name: Address: 549 SE WHITMORE DRIVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34984 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition BAGGETT, LARRY W JR. Name: Name: 21569 OXFORD DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: KAREN S. BAGGETT MGRM 02/16/2009