

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90013 006 ****50.00

DOCUMENT # L05000058506

1. Entity Name
B & E OF CENTRAL FLORIDA, LLC



Principal Place of Business
5574 SUMMERLAND HILLS CIRCLE
LAKELAND, FL ~~33813~~ US
33812

Mailing Address
5574 SUMMERLAND HILLS CIRCLE
LAKELAND, FL ~~33813~~ US
33812

60052345



DO NOT WRITE IN THIS SPACE

07032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2988521

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUTNAM, ABEL A
500 S. FLORIDA AVE.
SUITE 300
LAKELAND, FL 33801

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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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TAN, BRADLEY A
5574 SUMMERLAND HILLS CIRCLE
LAKELAND, FL ~~33813~~ 33812

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TAN, EVANGELINE S
5574 SUMMERLAND HILLS CIRCLE
LAKELAND, FL ~~33813~~ 33812

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #