

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059589

Entity Name: BF&D, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1400 NE 54 STREET
101
FORT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

1400 NE 54 STREET
101
FT. LAUDERDALE, FL 33334

New Mailing Address:

59-318 ALAPIO RD.
HALEIWA, HI 96712

FEI Number: 13-4302579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

JOHN WILKES, PA
901 S. FEDERAL HWY.
101A
FORT LAUDERDALE, FL 33316 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: JOHN WILKES

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOPPEL, DALE
Address: 730 NE 7TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: M () Delete
Name: GEIBELT, FRED
Address: 59-318 ALAPEO ROAD
City-St-Zip: HALEIWA, HI 96712 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GEIBELT, FRED
Address: 59-318 ALAPIO RD.
City-St-Zip: HALEIWA, HI 96712 US

Title: MS (X) Change () Addition
Name: KOPPEL, DALE
Address: 4 DANVIN COURT
City-St-Zip: ROCKPORT, MA 01966 US

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: FRED GEIBELT

MGR

04/30/2008

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