

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063479

Entity Name: BHB ENTERPRISES, LLC

FILED  
Jul 10, 2009  
Secretary of State

**Current Principal Place of Business:**

19636 GULF BLVD  
INDIAN SHORES, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

19636 GULF BLVD.  
INDIAN SHORES, FL 33785

**New Mailing Address:**

FEI Number: 20-3426494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CHECHELE, T. SAMANTHA  
7127 1ST AVE. SO.  
ST. PETERSBURG, FL 33707      US

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

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:**

Title: MGR      ( ) Delete  
Name: BALTHASAR, NORMAN  
Address: 19636 GULF BLVD.  
City-St-Zip: INDIAN SHORES, FL 33785

Title: MGR      ( ) Delete  
Name: BROGAN, GEORGE  
Address: P.O. 6183  
City-St-Zip: CLEARWATER, FL 337586183

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORMAN BALTHASAR

MGRM

07/10/2009

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