

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90105 039 ***138.75

DOCUMENT # L05000076564

1. Entity Name

BBC INVESTMENTS IV, LLC



Principal Place of Business

920 NW 179 AVE.
PEMBROKE PINES FL 33029

Mailing Address

920 NW 179 AVE.
PEMBROKE PINES FL 33029

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3767 Indian River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa FL

Zip

Country

32924

Country

US

4. FEI Number

20-3916907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)



6. Name and Address of Current Registered Agent

SAILER, BRANDY L
920 NW 179 AVE.
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 removing)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SAILER, STEVEN C
STREET ADDRESS 920 NW 179 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE MGR ☐ Delete
NAME ROGERS, SUZANNE
STREET ADDRESS 27401 SE HWY 42
CITY-ST-ZIP UMATILLA FL 32784

TITLE MGR ☐ Delete
NAME SAILER, BRANDY L
STREET ADDRESS 920 NORTHWEST 179 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/25/08 954 347-1281