

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 03, 2006 8:00 am
Secretary of State

04-20-2006 90024 012 *****55.00

DOCUMENT # L05000077674

1. Entity Name
B & D ENTERPRISES, LLC



Principal Place of Business
23077 CORVIN AVENUE
PORT CHARLOTTE, FL 33954

Mailing Address
P.O. BOX 380125
MURDOCK, FL 33938



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102008

Chg-LLC

CR2E083 (11/05)

4. FEI Number

14-1948618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERCOPE, DIANE
23077 CORVIN AVENUE
PORT CHARLOTTE, FL 33954

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

Diane Percope

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 11, 2006

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PERCOPE, DIANE
23077 CORVIN AVENUE
PORT CHARLOTTE, FL 33954 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PERCOPE, ANTHONY J
91 STONEYCREST DRIVE
MERIDEN, CT 06451 ☐ Delete

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

TITLE
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☐ Delete

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

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.