

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080882

FILED
Apr 10, 2008
Secretary of State

Entity Name: BBC MEMBER SERVICES, LLC

Current Principal Place of Business:

260 17TH ST. N.
BRADENTON BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

260 17TH ST. N.
BRADENTON BEACH, FL 34217

New Mailing Address:

FEI Number: 56-2290483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYKXHOORN, JACOB C
130 EAST CENTRAL AVENUE
LAKE WALES, FL 33853 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: HAZLETT, H. LYNN
Address: 260 17TH ST. NORTH
City-St-Zip: BRADENTON BEACH, FL 34217

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAZLETT, H. LYNN
Address: 1710 GULF DRIVE NORTH
City-St-Zip: BRADENTON BEACH, FL 34217

Title: D () Change (X) Addition
Name: HAZLETT, MARIANNE
Address: 1710 GULF DRIVE NORTH
City-St-Zip: BRADENTON BEACH, FL 34217

Title: D () Change (X) Addition
Name: HAZLETT, RICHARD
Address: 5946 SILVERFOX DR.
City-St-Zip: WINTER HAVEN, FL 33884

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: LYNN HAZLETT

MGR

04/10/2008

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