

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90071 016 ****50.00

DOCUMENT # L05000095173

1. Entity Name
B.D.S., LLC



Principal Place of Business
1805 NW FORD ROAD
STUART, FL 34994

Mailing Address
1805 NW FORD ROAD
STUART, FL 34994



01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-4162708** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEENEY, BERTRAM
3651 NW WILLOW CREEK DRIVE
JENSEN BEACH, FL 34957

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 BERTRAM SWEENEY PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

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 MGRM
NAME LOGSDON, SCOTT W
STREET ADDRESS 1805 NW FORD ROAD
CITY-ST-ZIP STUART, FL 34994 ☐ Delete

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

TITLE MGRM
NAME SWEENEY, BERTRAM
STREET ADDRESS 3651 NW WILLOW CREEK DRIVE
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☐ Delete

TITLE
NAME **SWEENEY, BERTRAM** ☒ Change ☐ Addit
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME LOGSDON, DAVID
STREET ADDRESS 4076 BOTHWELL DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32317 ☐ Delete

TITLE
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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.

[Signature]