2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 08:00 A
Secretary of State

DOCUMENT # L05000113920

1. Entity Name
BFH, LLC

Principal Place of Business
1972 CROWDER RD
STE 3
TALLAHASSEE, FL 32303

Mailing Address
P.O. BOX 182649
TALLAHASSEE, FL 32318

01242008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4205052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HYATT, PAUL
2917 LIVINGSTON ROAD, SUITE #201
TALLAHASSEE, FL 32301

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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 reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000886754
04/18/08-80070-013 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HYATT, PAUL
STREET ADDRESS	P.O. BOX 182649
CITY-ST-ZIP	TALLAHASSEE, FL 32318
TITLE	MGRM
NAME	BUCHHOLZ, ANGELA
STREET ADDRESS	P.O. BOX 182649
CITY-ST-ZIP	TALLAHASSEE, FL 32318
TITLE	MGRM
NAME	FARRELL, WILLIAM
STREET ADDRESS	P.O. BOX 182649
CITY-ST-ZIP	TALLAHASSEE, FL 32318
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paul L. Hyatt 4-7-08 5102-4996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #