

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000023847

1. Entity Name
B & G INVESTMENTS LLC



Principal Place of Business
3028 ELMWOOD RD
TALLAHASSEE, FL 32317

Mailing Address
P.O. BOX 607
HAHIRA, GA 31632

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4420382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIDDLETON, GARY
3028 ELMWOOD RD
TALLAHASSEE, FL 32317

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 reinstating)

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BRIGMAN, JIMMY
STREET ADDRESS P.O. BOX 607
CITY-ST-ZIP HAHIRA, GA 31632

TITLE ☒ Change ☐ Addition
NAME MGRM
STREET ADDRESS 400119932514
CITY-ST-ZIP 03/11/08--01011--002 **138.75

TITLE MGRM ☐ Delete
NAME MIDDLETON, GARY
STREET ADDRESS 3028 ELMWOOD RD
CITY-ST-ZIP TALLAHASSEE, FL 32317

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

TITLE MGR ☐ Delete
NAME MOLIE, YUICHI
STREET ADDRESS 2913 SPRINGFIELD DR
CITY-ST-ZIP TALLAHASSEE, FL 32309

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/08 566-7644

FILED

08 FEB 22 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

