

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000055768

1. Entity Name
BHF, LLC



Principal Place of Business

**1111 RITZ CARLTON DR., UNIT 1005
SARASOTA, FL 34236**

Mailing Address

**1111 RITZ CARLTON DR., UNIT 1005
SARASOTA, FL 34236**



04222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VOLANT, HANK (HENRY)
1111 RITZ CARLTON DR., UNIT 1005
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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**

000000921720

05/15/08-80015-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPIESS, BRIDGET F
1111 RITZ CARLTON DR., UNIT 1005
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VOLANT, HANK (HENRY)
1111 RITZ CARLTON DR., UNIT 1005
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAJOR, FLORA
1111 RITZ CARLTON DR., UNIT 1005
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Henry Hank Volant **Henry Hank Volant** 4-21-08

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

Date

Daytime Phone #

941-308-2100