

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000117158

1. Entity Name
B & W COMMERCIAL SPECIALISTS, LLC



Principal Place of Business
6806 JUANITA STREET, STE A
TAMPA, FL 33616

Mailing Address
6806 JUANITA STREET, STE A
TAMPA, FL 33616

FILED
07 SEP 26 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
6806 JUANITA ST.

3. Mailing Address
6806 JUANITA ST.

Suite, Apt. #, etc.
STE A

Suite, Apt. #, etc.
STE A

City & State
TAMPA Florida

City & State
TAMPA Florida

Zip
33616

Country
USA

Zip
33616

Country
USA

07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8013780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFREY A. DOWD, P.A.
609 WEST LUMSDEN ROAD
BRANDON, FL 33511

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

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BARBER, JOSEPH A
6806 JUANITA STREET, STE A
TAMPA, FL 33616 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BARBER, ROSS C
6806 JUANITA STREET, STE A
TAMPA, FL 33616 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000110060870
09/28/07--01054--021 **\$5.00

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

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

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 #

7. 07 813-832-4676