

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006403

Entity Name: BKR GLOBAL, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

3574 CRESCENT POINT COURT
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

3574 CRESCENT POINT COURT
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 20-8264465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA
3574 CRESCENT POINT COURT
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KING, CHARLES R.,
Address: 3574 CRESCENT POINT COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGR () Delete
Name: BIELLING, JIMMY
Address: 6074 W. STATE ROAD 238
City-St-Zip: LAKE BUTLER, FL 32054

Title: MGR () Delete
Name: ROLF, CATHY
Address: 17259 CORY RAY LANE
City-St-Zip: LINDALE, TX 75771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES R. KING

MGRM

03/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date