2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State
02-18-2008 90075 027 ***143.75

DOCUMENT # L07000010666

1. Entity Name
BNG REALTY, LLC.

Principal Place of Business	Mailing Address
1280 SOUTH DIXIE HIGHWAY EAST POMPANO BEACH, FL 33060	1280 SOUTH DIXIE HIGHWAY EAST POMPANO BEACH, FL 33060

60008850

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

02132008 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2650039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, BERNARDO 19130 NORTH BAY ROAD SUNNY ISLES, FL 33160	Name: Nidia Garcia Street Address (P.O. Box Number is Not Acceptable): 19130 N. Bay Rd City: Sunny Isle FL Zip Code: 33160

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] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, BERNARDO 19130 NORTH BAY ROAD SUNNY ISLES, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President. Nidia Garcia 19130 N. Bay Rd. Sunny Isle FL 33160.	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pi	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Bernardo Garcia 2/13/08 954-941-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #