

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000032164

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** BUSINESS MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

6350 NW 99 AVENUE  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

6350 NW 99 AVENUE  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 20-8810485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, CARMEN  
6350 NW 99 AVENUE  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

COCCA, BILLY A  
6350 NW 99 AVENUE  
DORAL, FL 33178 US

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: BILLY COCCA

02/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COCCA, BILLY A  
Address: 6350 NW 99 AVENUE  
City-St-Zip: DORAL, FL 33178

I hereby 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: BILLY COCCA

MGRM

02/17/2010

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