MITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000054561 1. Entity Name BBJC INVESTMENTS, LLC.						SECRETARY OF STATE DIVISION OF CORPORATIONS 08 SEP 16 PM 12: 04			
Principal Place 220 CASSADY UMATILLA, FL	/ ST	\$	Mailing Address 220 CASSADY ST UMATILLA, FL 32784			05/28/08 9040 022 129,78.			
2. Principal Pl	ace of Busin	ness - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-LLC	CR2E083 (12/06)	
City & State			City & State				ber		Applicable
Zip	Country		Zip			5. Certificate of Status Desired Solution Specified Fee Required			
	6. Name	and Address of Current	t Registered Agent	egistered Agent Name		7. Name ar	nd Address of New Re	gistered Agent	
CURLEY, HOLLY J 220 CASSADY ST UMATILLA, FL 32784			•	Street Addres		(P.O. Box Number is Not Acceptable)			
G.V.II (TILLE)	,	•				·	<u></u>	FL Zip Code	,
		for the purpose of changing its	l ed office or registe	ered agent, or t	ooth, in the State of Flor		and accept		
the obligations of registered agent.									
SIGNATURE Signature Nyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required								DATE	
		FEE IS \$138.75 ember 12, 2008		In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior no			•	check payable to Department of State	,
9.		MANAGING MEMB	BERS/MANAGERS	10.			ADDITIONS/		
TITLE NAME	MGRM CURLEY	, SEAN	☐ Delete	TITLI NAM	l			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	220 CAS	SADY ST .A, FL 32784			EET ADORESS '-ST-ZIP				
TITLE	MGRM	· .	☐ Delete	TITL	I .		·	☐ Change	☐ Addition
NAME STREET ADDRESS	CURLEY	, HOLLY J SADY ST		NAM STRE	re Eet address				
CITY-ST-ZIP	UMATILL			(-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME			L_J Delete	Delete TITI					L_I Accilion
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP				!
TITLE			☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP			☐ Delete	ĆM	Y-ST-ZIP			[7] Change	☐ Addition
TITLE NAME			En pelete	NAN	AE			Onlings	
STREET ADDRESS CITY-ST-ZIP				- 6	Y-ST-ZIP				
TITLE NAME			☐ Delete	TITU NAN	1			☐ Change	Addition
STREET ADDRESS				STR	EET ADDRESS Y-ST-ZIP	15 6	11/1/1/		
11. I hereby	certify that the	he information supplied w	rith this filing does not qualify t	or the exe	emptions containe	d in Chapter 1	19, Florida Statutes. I fu	erther certify that the info	ormation
indicated on this report is true and accurate and that my signature shall have the same fegal 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, Forida Statutes.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daying Proce &									
	SIGNATURE	AND TYPED OR PRINTED NAME	POFSIGNING MANAGING MEMBER, N	IANAGER, U	N AUTHORIZED REPRO	SENIALIVE	Date	Dayonie Prione ii	

Pope 2012

DIVISION OF CORPORATIONS

P O BOX 6478

TALLAHASSEE, FL 32314

September 9, 2008

RE: UBR

DEAR PERSON,

I PAID THE UBR BACK IN APRIL 2009 AND I AM ENCLOSING A COPY OF THE CANCELLED CHECK.
I WAS SENT A NOTICE OF INTENT TO DISSOLVE,
BUT IT WAS PAID.

IF ANY MORE INFO IS NEEDED, PLEASE CALL ME AT 352-669-4500.

SINCERELY,

HOLLY CURLEY MGRM