


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90009 005 ***138.75

DOCUMENT # L07000056420	
1. Entity Name B & B PROFESSIONAL MARKETING AND SALES GROUP LLC	

Principal Place of Business 4613 UNIVERSITY DRIVE #403 CORAL SPRINGS, FL 33067	Mailing Address 4613 UNIVERSITY DRIVE #403 CORAL SPRINGS, FL 33067
--------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

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

04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number N.A.	Applied For <input type="checkbox"/> Not Applicable
------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent NEIMARK, CORT A ESQ. 100 S.E. THIRD AVENUE SUITE 1100 FORT LAUDERDALE, FL 33394		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
-----------	-------------------------------------------------------------------------------	--------------------------------------------------------------	------

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	ROBERT W GORMAN
CITY-ST-ZIP		CITY-ST-ZIP	4613 UNIVERSITY DRIVE #403
			CORAL SPRINGS, FL 33067
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BRUCE SEITE
STREET ADDRESS		STREET ADDRESS	4613 UNIVERSITY DRIVE #403
CITY-ST-ZIP		CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	Robert W GORMAN	APRIL 16, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date

954-732-5167