

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-01-2008 90065 004 ***138.75

DOCUMENT # L07000084250			
1. Entity Name B&D INVESTMENT GROUP, LLC			
Principal Place of Business 2557 SE HEMSING STREET PORT ST. LUCIE, FL 34984 US		Mailing Address 2557 SE HEMSING STREET PORT ST. LUCIE, FL 34984 US	
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
		4. FID Number 65-0658837	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD J. MONESCALCHI, P.A. 1035 SOUTH STATE ROAD 7 SUITE 216 WELLINGTON, FL 33411		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 former agent and accept the obligations of registered agent.			
SIGNATURE _____ 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 NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
MGRM SCHWARTZBERG, ROBERT H 2557 SE HEMSING STREET PORT ST. LUCIE, FL 34984 ☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ Change ☐ Addition	
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: <u>Robert H. Schwartzberg</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			