## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 12, 2008 8:00 am Secretary of State **DOCUMENT # L07000097532** 03-12-2008 90238 045 \*\*\*138.75 BCGUSTAFSON ENTERPRISES: LLC Principal Place of Business Mailing Address 9188 SCEPTER AVE 9188 SCEPTER AVE. BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34613 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 72-0215183 Not Applicable Zip Country Zip Country \$5.00 Additional. 5. Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUSTAFSON, CAROL Street Address (P.O. Box Number is Not Acceptable) 9188 SCEPTER AVE BROOKSVILLE, FL 34613 City 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 registed when reinstating) DATE Make check payable to FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM Change ₩E Delete TITLE Addition GUSTAFSON, BRUCE NAME NAME 9188 SCEPTER AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZP BROOKSVILLE, FL 34613 CITY-ST-ZIP MGRM Change ☐ Addition TITLE ☐ Delete TITLE GUSTAFSON, CAROL NAME NAME STREET ADDRESS STREET ADDRESS. 9188,SCEPTER, AVE CITY-ST-ZIP BROOKSVILLE, FL 34613 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHIY-ST-ZIP City-St-2P ☐ Change ☐ Addition ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ · Delete TITLE Change-- Addition TITLE 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 it 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.

ellassa)

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPREBENTATIVE

FILED

Date

Davtme Phone #