

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107872

FILED
May 01, 2008
Secretary of State

Entity Name: B & D PROPERTY SOLUTIONS, LLC

Current Principal Place of Business:

3959 VAN DYKE ROAD, SUITE 303
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

3959 VAN DYKE ROAD, SUITE 303
LUTZ, FL 33558

New Mailing Address:

FEI Number: 14-2011176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DALY, JOHN
526 2ND AVENUE, SW
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DALY, JOHN
Address: 526 2ND AVE. SW
City-St-Zip: LUTZ, FL 33548

Title: MGRM () Delete
Name: BEDY, JOE
Address: 5853 MARIPOSA DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: MGRM () Delete
Name: BUSH, YOEL R JR
Address: 4303 GROVE VIEW AVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN DALY

MGR

05/01/2008

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