

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102054

Entity Name: BGW SERVICES, LLC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

28450 SW 212 AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

28450 SW 212 AVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

BENGODWIN REALTY, INC
28450 SW 212 AVE
HOMESTEAD, FL 33030 US

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: MGRM () Delete
Name: BENGODWIN REALTY, INC
Address: 28450 SW 212 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: MGRM () Delete
Name: SPARKS, WINSOME A
Address: 28450 SW 212 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: MGRM () Delete
Name: SPARKS, BENJAMIN L
Address: 28450 SW 212 AVE
City-St-Zip: HOMESTEAD, FL 33030

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: BENJAMIN L SPARKS

MGRM

05/04/2009

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