

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115728

FILED
Apr 30, 2009
Secretary of State

Entity Name: BGR MITIGATION GROUP, LLC

Current Principal Place of Business:

318 N JOHN YOUNG PKWY
SUITE 6
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

434 PINE SHADOW LN
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RACE, PHYLLIS J
318 N. JOHN YOUNG PKWY
SUITE 6
KISSIMMEE, FL 34741 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: MGRM () Delete
Name: RACE, PHYLLIS J
Address: 434 PINE SHADOW LN
City-St-Zip: AUBURNDALE, FL 33823 US

Title: MGRM (X) Delete
Name: BRALICK, AMANDA L
Address: 9024 SUMMIT CENTER WAY
City-St-Zip: ORLANDO, FL 32810 US

Title: MGRM (X) Delete
Name: GAYLORD, MELANIE D
Address: 9024 SUMMIT CENTER WAY
City-St-Zip: ORLANDO, FL 32810 US

Title: MGRM (X) Delete
Name: RACE, NICHOLAS G
Address: 434 PINE SHADOW LN
City-St-Zip: AUBURNDALE, FL 33823 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRALICK, AMANDA L
Address: 9024 SUMMIT CENTER WAY
City-St-Zip: ORLANDO, FL 32810 US

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: AMANDA BRALICK

MGRM

04/30/2009

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