

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026038

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** BAR - LOR ENTERPRISES, LLC

**Current Principal Place of Business:**

306 REID AVENUE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

210 SOUTH PALM STREET  
PORT ST. JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 26-4467452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RADCLIFF, BARBARA  
210 SOUTH PALM STREET  
PORT ST. JOE, FL 32456 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  
**Name:** RADCLIFF, BARBARA  
**Address:** 210 SOUTH PALM STREET  
**City-St-Zip:** PORT ST. JOE, FL 32456

**Title:** MGRM  
**Name:** 10TH STREET BED & BREAKFAST  
**Address:** 605 TENTH STREET  
**City-St-Zip:** PORT ST. JOE, FL 32456

I hereby 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:** BARBARA RADCLIFF

MGRM

02/08/2012

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