

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000033969

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** NAPLES BUSINESS IN THE BLACK (BIB) GROUP, LLC

**Current Principal Place of Business:**

7855 SANCTUARY CIRCLE  
#2  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

7855 SANCTUARY CIRCLE  
#2  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 26-4310541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, CHERYL N  
4090 HODGES BLVD.  
#801  
JACKSONVILLE, FL 32224 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:** GONZALEZ, CHERYL N  
**Address:** 4090 HODGES BLVD., #801  
**City-St-Zip:** JACKSONVILLE, FL 32224 US

**Title:** MGRM  
**Name:** CUMMINGS, RHONDA R  
**Address:** 280 QUAIL FOREST BLVD., #309  
**City-St-Zip:** NAPLES, FL 34105 US

**Title:** MGRM  
**Name:** WEEKS, HAROLD  
**Address:** 7855 SANCTUARY CIRCLE, #2  
**City-St-Zip:** NAPLES, FL 34104 US

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:** HAROLD WEEKS

MGRM

04/04/2012

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