

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000009196

**Entity Name:** BNB CONSULTING GROUP, LLC

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1137 HARRISON AVE, SUITE 9C  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

1137 HARRISON AVE, SUITE 9C  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 27-4629814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BARBER CABELL, BOBBETTE R  
3717 E 5TH ST  
PANAMA CITY, FL 32401 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:** BARBER CABELL, BOBBETTE R  
**Address:** 3717 E 5TH STREET  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** MGR  
**Name:** BROWN, TUANSHANITA Z  
**Address:** 760 BORDERS RD  
**City-St-Zip:** WEWAHITCHCA, FL 32465

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:** BOBBETTE BARBER CABELL

MGM

02/06/2012

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