

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90126 004 ****50.00

DOCUMENT # **L99000002296**

1. Entity Name

BBS Real Estate Holdings, LLC

DO NOT WRITE IN THIS SPACE

954146

2. Principal Place of Business

200 Florida Avenue
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 689
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tavernier, FL

City & State

Tavernier, FL

4. FEI Number

52-2171265

Applied For

Not Applicable

Zip

33070

Country

USA

Zip

33070

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Bernard Childs

Street Address (P.O. Box Number is Not Acceptable)

1501 Ocean Bay Dr. Unit 22

City

Key Largo, FL

FL

Zip Code
33037

8. 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

[Signature]

Signature, typed or printed name of registered agent and fee if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Bernard Childs
1501 Ocean Bay Drive, Suite 22
Key Largo, FL 33037

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Member
Eva Childs
1501 Ocean Bay Dr., Suite 22
Key Largo, FL 33037

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Member
Stephen Kurutz
P.O. Box 1804
Tavernier, FL 33070

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #