

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000002312**

1. Entity Name  
**B & B AEROSPACE COMPANY, L.C.**



Principal Place of Business  
**3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250**



03242004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3572182**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOND, C. GUY  
BOND & LATSHAW, P.A.  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000128824

04/26/04-80053-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BRUT, HARRY JR  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BOND, C. GUY  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #