

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90005 049 \*\*\*\*\*50.00

0066567

**DOCUMENT # L99000004261**

1. Entity Name

**BBG, LLC**



Principal Place of Business  
**1405 GOLDTREE RD., SUITE B  
PORT ST LUCIE FL 34952**

Mailing Address  
**P.O. BOX 2714  
STUART FL 34995**

2. Principal Place of Business

**57 E SEMINOLE ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**STUART FL**

City & State

Zip

**34994**

Country

**USA**

Zip

Country

4. FEI Number **91-1996157**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCCARTHY, TERENCE  
MCCARTHY SUMMERS ET AL  
2400 SE FEDERAL HWY., 4TH FL  
STUART FL 34994**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **B&B I OF STUART, INC.**  
STREET ADDRESS **1405 GOLDTREE DR., STE B**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **MGRM** ☐ Delete  
NAME **WAY, GEORGE**  
STREET ADDRESS **1405 GOLDTREE DR., STE B**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **57 E. SEMINOLE ST**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **57 E. SEMINOLE ST**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/1/03 772/220-3480**

CR2E083 (10/02)