

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000465

1. Entry Name
BBC DISTRIBUTION, LLC



Principal Place of Business
**501 AVENUE R SOUTHWEST
WINTER HAVEN, FL 33880**

Mailing Address
**PO BOX 1056
426 NORTH MAIN
ELKHART, IN 46516**

DO NOT WRITE IN THIS SPACE



03312004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
35-2131007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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**

000000156875
05/05/04-80030-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NGC INVESTMENTS, LLC
STREET ADDRESS	2001 REXFORD ROAD
CITY - ST - ZIP	CHARLOTTE, NC 28211
TITLE	MGRM
NAME	BANKS CORPORATION
STREET ADDRESS	426 NORTH MAIN
CITY - ST - ZIP	ELKHART, IN 46516
TITLE	MGR
NAME	BBC INVESTMENTS LLC
STREET ADDRESS	426 NORTH MAIN STREET
CITY - ST - ZIP	ELKHART, IN 46516
TITLE	MGRM
NAME	HARDIN, DAN R
STREET ADDRESS	1845 PRECINCT LINE RD STE 217
CITY - ST - ZIP	HURST, TX 76054
TITLE	MGR
NAME	LEDBETTER, DALE
STREET ADDRESS	1845 PRECINCT LINE RD STE 217
CITY - ST - ZIP	HURST, TX 76054
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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: *Christoph Wyrme*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/04

Date

574 387-5400

Daytime Phone #