

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 AM 8:56

DOCUMENT # M02000001665

1. Entity Name
BFC 3 LLC



Principal Place of Business
ONE BUCKEYE DRIVE
PERRY, FL 32348

Mailing Address
ATTN: LEGAL DEPT
1001 TILLMAN ST
MEMPHIS, TN 38112

DO NOT WRITE IN THIS SPACE

01102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
88-0485758

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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06/19/08--01035--018 **1366.25

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BFOL 2 INC.
100 BUCKEYE DRIVE
PERRY, FL 32348

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
BFC 2 INC.
100 BUCKEYE DRIVE
PERRY, FL 32348

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

B. Tadlock JUN 18 2008
**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sheila Jordan Cunningham

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

Secretary of its

2/15/08

(901) 320 8409

Date

Daytime Phone #

Managing Member, BFOL 2 Inc.

Sheila Jordan Cunningham