

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000142317

Entity Name: BB & BB NEFL LLC**Current Principal Place of Business:**CYPRESS LAKE DRIVE
10417 A
JACKSONVILLE, FL 32256**Current Mailing Address:**P.O.BOX-26855
JACKSONVILLE, FL 32226 US**FEI Number:** 46-1362047**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SARASWAT, MAHESH C
CYPRESS LAKE DRIVE
DEERCREEK 10417 A
JACKSONVILLE, FL 32256 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR, PRESIDENT, OWNER
Name	SARASWAT, MAHESH C
Address	CYPRESS LAKE DRIVE DEERCREEK 10417 A
City-State-Zip:	JACKSONVILLE FL 32256

Title	MGRM
Name	CHANDRA, MANISH
Address	CYPRESS LAKE DRIVE DEERCREEK 10417 A
City-State-Zip:	JACKSONVILLE FL 32256

Title	MGRM
Name	CHANDRA, MAHESH C
Address	P.O.BOX-26855
City-State-Zip:	JACKSONVILLE FL 32226

Title	AUTHORIZED REPRESENTATIVE
Name	BB&BB NEFL
Address	10417 CYPRESS LAKE DRIVE DEERCREEK
City-State-Zip:	JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAHESH C, SARASWATMANAGER PRESIDENT
.OWNER

03/23/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date