

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012166

Entity Name: BS ONE, LLC

Current Principal Place of Business:

1925 EAST 2ND AVENUE
TAMPA, FL 33605

Current Mailing Address:

PO BOX 3300
TAMPA, FL 33601

FEI Number: 59-3735765

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENNETT, ROBERT B
1925 EAST 2ND AVENUE
TAMPA, FL 33605 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 | MGRM | Title | AUTHORIZED MEMBER |
| Name | BENNETT, ROBERT B | Name | ADAMS, DAVID W |
| Address | 1925 EAST 2ND AVENUE | Address | 1925 EAST 2ND AVENUE |
| City-State-Zip: | TAMPA FL 33605 | City-State-Zip: | TAMPA FL 33605 |
| | | | |
| Title | AUTHORIZED MEMBER | | |
| Name | JACOBS, GWEN G | | |
| Address | 1925 EAST 2ND AVENUE | | |
| City-State-Zip: | TAMPA FL 33605 | | |

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: ROBERT B. BENNETT

MGRM

01/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date