# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000015912

**Entity Name:** BSLLPCS LLC

**Current Principal  Place of Business:**

201 E LAS OLAS BLVD
 SUITE 1500
FORT LAUDERDALE,  FL  33301

**Current Mailing Address:**

201 E LAS OLAS BLVD
 SUITE 1500
FORT LAUDERDALE,  FL  33301  US

**FEI Number: 35-2555211**

**Certificate of Status Desired:**  No

**Name and Address of Current Registered Agent:**

BERGER, JAMES L
201 E LAS OLAS BLVD
 SUITE 1500
FORT LAUDERDALE, FL  33301  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:  /S/JAMES L. BERGER                                                   04/15/2024

| | |
|---|---|
| Electronic Signature of Registered Agent | Date |

## Authorized Person(s) Detail :

| | | | | |
|---|---|---|---|---|
| Title | MANAGER | | Title | MANAGER |
| Name | BERGER, JAMES | | Name | BERGER, MITCHELL |
| Address | 201 E LAS OLAS BLVD SUITE 1500 | | Address | 201 E LAS OLAS BLVD SUITE 1500 |
| City-State-Zip: | FORT LAUDERDALE FL 33301 | | City-State-Zip: | FORT LAUDERDALE FL 33301 |
| Title | MANAGER | | Title | MANAGER |
| Name | BARRON, ROBERT | | Name | CARRIUOLO, ANTHONY |
| Address | 201 E LAS OLAS BLVD SUITE 1500 | | Address | 201 E LAS OLAS BLVD SUITE 1500 |
| City-State-Zip: | FORT LAUDERDALE FL 33301 | | City-State-Zip: | FORT LAUDERDALE FL 33301 |

*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: JAMES BERGER                              MANAGER                    04/15/2024

| | | |
|---|---|---|
| Electronic Signature of Signing Authorized Person(s) Detail | | Date |