

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000171714

**Entity Name:** BCSL HOLDINGS, LLC

**Current Principal Place of Business:**

17525 NE 9TH AVE  
MIAMI, FL 33162

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC0257938974**

**Current Mailing Address:**

17525 NE 9TH AVE  
MIAMI, FL 33162 US

**FEI Number: 47-5304259**

**Certificate of Status Desired: No**

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

SOSTCHIN, BURL  
17525 NE 9TH AVE  
MIAMI, FL 33162 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 AMBR  
Name SOSTCHIN, LEAH  
Address 17525 NE 9TH AVE  
City-State-Zip: MIAMI FL 33162

Title MGRM  
Name SOSTCHIN, CHAYA  
Address 17525 NE 9TH AVE  
City-State-Zip: MIAMI FL 33162

Title AMBR  
Name SOSTCHIN, YOSEF  
Address 17525 NE 9TH AVE  
City-State-Zip: MIAMI FL 33162

Title MGRM  
Name SOSTCHIN, BURL  
Address 17525 NE 9TH AVE  
City-State-Zip: MIAMI FL 33162

Title AMBR  
Name SOSTCHIN, YAKOV  
Address 17525 NE 9TH AVE  
City-State-Zip: MIAMI FL 33162

Title AMBR  
Name SOSTCHIN, GITTEL  
Address 17525 NE 9TH AVE  
City-State-Zip: MIAMI FL 33162

Title AUTHORIZED MEMBER  
Name SOSTCHIN, GERSHON  
Address 17525 NE 9TH AVE  
City-State-Zip: MIAMI FL 33162

Title AUTHORIZED MEMBER  
Name SOSTCHIN, FAYGA  
Address 17525 NE 9TH AVE  
City-State-Zip: MIAMI FL 33162

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*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: BURL SOSTCHIN**

**MGRM**

**04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED MEMBER  
Name SOSTCHIN, RACHEL B  
Address 17525 NE 9TH AVE  
City-State-Zip: MIAMI FL 33162