# 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.

MANAGER

SIGNATURE: SHAREE MANDEL

Electronic Signature of Signing Authorized Person(s) Detail

# Current Mailing Address:

ST. PETERSBURG, FL 33701

360 CENTRAL AVENUE

8TH FLOOR

DOCUMENT# L19000113178

7292 7TH ST N ST. PETERSBURG, FL 33702 US

**Current Principal Place of Business:** 

## FEI Number: 83-4532224

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

MANDEL, SHAREE 7292 7TH ST N ST. PETERSBURG, FL 33702 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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: BSN TRANSACTION MANAGEMENT, LLC

### Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	MANDEL, BRIAN J	Name	MANDEL, SHAREE L
Address	7292 7TH ST N	Address	7292 7TH ST N
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702

FILED Apr 09, 2020 Secretary of State 9380316079CC

Date

Certificate of Status Desired: No

04/09/2020

Date