

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000393447

**Entity Name:** BWS FINANCIAL LLC

**Current Principal Place of Business:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

13261 SW ESSEX DR  
TIGARD, OR 97223 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N STE 300  
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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	STOJANOVIC, SRDJAN	Name	WINANS STOJANOVIC, BARBARA
Address	13261 SW ESSEX DR	Address	13261 SW ESSEX DR
City-State-Zip:	TIGARD OR 97223	City-State-Zip:	TIGARD OR 97223

*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:** BARBARA WINANS STOJANOVIC

**MANAGER**

**03/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date