

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000010735

1. Entity Name
BS ENTERPRISES, LLC



Principal Place of Business
**1513 NE 26TH STREET
FT LAUDERDALE, FL 33305**

Mailing Address
**1513 NE 26TH STREET
FT LAUDERDALE, FL 33305**



02222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1052056

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENEDICT, BRIAN
1513 NE 26TH STREET
FT LAUDERDALE, FL 33305**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Steve Chaney
Signature, typed or printed name of registered agent and file if applicable

STEVE CHANEY
(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BENEDICT, BRIAN
STREET ADDRESS	1513 NE 26TH STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33305
TITLE	MGRM
NAME	CHANEY, STEVE
STREET ADDRESS	1513 NE 26 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000711844
04/26/07-80023-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Steve Chaney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/07

954 566 0506