

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034720

FILED
Jan 04, 2007
Secretary of State

Entity Name: BLS WEALTH MANAGEMENT, LLC

Current Principal Place of Business:

1000 CORPORATE DRIVE
SUITE 110
FT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

1000 CORPORATE DRIVE
SUITE 110
FT LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: 20-0221746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARR, MITCHELL B
1000 CORPORATE DRIVE
SUITE 110
FT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BIENENFELD, HOWARD N
Address: 1000 CORPORATE DRIVE, SUITE 110
City-St-Zip: FT LAUDERDALE, FL 33334 US

Title: MGRM () Delete
Name: LASEK, CAROL L
Address: 1000 CORPORATE DRIVE, SUITE 110
City-St-Zip: FT LAUDERDALE, FL 33334 US

Title: MGRM () Delete
Name: STARR, MITCHELL B
Address: 1000 CORPORATE DRIVE, SUITE 110
City-St-Zip: FT LAUDERDALE, FL 33334 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HOWARD BIENENFELD MGRM 01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date