

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Sep 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000034088																																																	
1. Entity Name BPM, LLC.																																																	
Principal Place of Business 195 AUDUBON BOULEVARD NAPLES, FL 34110 US		Mailing Address 6310 SAN VICENTE BLVD 250 LOS ANGELES, CA 90048 US																																															
DO NOT WRITE IN THIS SPACE																																																	
6. Name and Address of Current Registered Agent SKRIVAN, KENT A ESQ. BUTZEL LONG 801 LAUREL OAK DRIVE, SUITE 705 NAPLES, FL 34108		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)																																																	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.103(2)(b), F.S., the limited liability company did not receive the prior notice.																																																	
<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="3">MANAGING MEMBERS/MANAGERS</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td>MGR</td> <td rowspan="5" style="text-align: center;">DO NOT WRITE IN THIS SPACE</td> </tr> <tr> <td>NAME</td> <td>BRAUN, STANLEY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>195 AUDUBON BOULEVARD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34110</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>			MANAGING MEMBERS/MANAGERS			TITLE	MGR	DO NOT WRITE IN THIS SPACE	NAME	BRAUN, STANLEY	STREET ADDRESS	195 AUDUBON BOULEVARD	CITY-ST-ZIP	NAPLES, FL 34110	TITLE		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Stanley Braun (Stanley Braun)</u> 8/27/08 604 602 1610 SIGNATURE (TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #																																																	



07032008 No Chg-LLC

CR2E08S (12/07)

4. FEI Number
52-2453961Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

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09/03/08-80001-011 138.75