

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039971

FILED
Jul 06, 2006
Secretary of State

Entity Name: BCLS LLC

Current Principal Place of Business:

1225 TAMIAMI TRAIL
A-3
PORT CHARLOTTE,, FL 33953 US

New Principal Place of Business:

Current Mailing Address:

1225 TAMIAMI TRAIL
A-3
PORT CHARLOTTE,, FL 33953 US

New Mailing Address:

FEI Number: 20-1191770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHN P. IZZO & ASSOC., INC.
180 NORTH INDIANA AVE
ENGLEWOOD, FL 33953 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DENOVA, SIMON
Address: 280 WATERSIDE DR.
City-St-Zip: PORT CHARLOTTE, FL 33955

Title: MGRM () Delete
Name: DENOVA, LINDA
Address: 280 WATERSIDE DR.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGRM () Delete
Name: LYON, CATHERINE
Address: 2401 VANCE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGRM () Delete
Name: LYON, BRUCE
Address: 2401 VANCE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

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:

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: BRUCE M. LYON

MGRM

07/06/2006

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