

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90080 021 ****50.00

DOCUMENT # L04000039971

1. Entity Name
BCLS LLC



Principal Place of Business

1225 TAMiami TRAIL

A-3

PORT CHARLOTTE,, FL 33953 US

Mailing Address

1225 TAMiami TRAIL

A-3

PORT CHARLOTTE,, FL 33953 US

DO NOT WRITE IN THIS SPACE



03262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1191770

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

BETH WILSON
17179 BONNIE AVE
PORT CHARLOTTE, FL
33954

**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

Beth Wilson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-07

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DENOVA, SIMON
280 WATERSIDE DR.
PORT CHARLOTTE, FL 33955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DENOVA, LINDA
280 WATERSIDE DR.
PORT CHARLOTTE, FL 33954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LYON, CATHERINE
2401 VANCE TERRACE
PORT CHARLOTTE, FL 33981

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LYON, BRUCE
2401 VANCE TERRACE
PORT CHARLOTTE, FL 33981

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Beth Wilson 03262007 No Chg-LLC 3-27-07