

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069510

Entity Name: BSMM LLC

FILED
Aug 31, 2009
Secretary of State

Current Principal Place of Business:

18122 KARA COURT
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18122 KARA COURT
TAMPA, FL 33647

New Mailing Address:

FEI Number: 11-3727712 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:

HILEMAN, SCOTT A
18122 KARA COURT
TAMPA, FL 33647 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: HILEMAN, SCOTT A
Address: 18122 KARA COURT
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM () Delete
Name: NYE, MOLLY L
Address: 2802 W CLEVELAND ST UNIT J
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM () Delete
Name: NYE, BRENT
Address: 5029 ENGLEWOOD LN.
City-St-Zip: ZEPHYRHILLS, FL 33541 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 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: SCOTT HILEMAN

MGRM

08/31/2009

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