

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085348

Entity Name: BSL, L.L.C.

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

1840 BOY SCOUT DRIVE
FT. MYERS, FL 33907

New Principal Place of Business:

7202 PELAS CIRCLE
NORTH FT. MYERS, FL 33917

Current Mailing Address:

1840 BOY SCOUT DRIVE
FT. MYERS, FL 33907

New Mailing Address:

P.O. BOX 2468
FT. MYERS, FL 33902

FEI Number: 20-1928632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, GEOFF
1840 BOY SCOUT DR
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

BECKER, GEOFF
32 TIMBERLAND CIRCLE N
FORT MYERS, FL 33919 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: GEOFF BECKER

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LARREA, MILTON F
Address: 7050 WINKLER ROAD
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: STEELE, JEFF
Address: 7050 WINKLER RD
City-St-Zip: FORT MYERS, FL 33919

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: BECKER, GEOFFREY
Address: PO BOX 2468
City-St-Zip: FORT MYERS, FL 33902

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: GEOFF BECKER

MGR

02/23/2009

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