


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90229 020 \*\*\*138.75

**DOCUMENT # L04000086863**

1. Entity Name  
**B/S PUBLICATIONS LLC**



Principal Place of Business  
**2416 N. ESSEX AVE.  
 HERNANDO, FL 34442**

Mailing Address  
**2416 N. ESSEX AVE.  
 HERNANDO, FL 34442**



2. Principal Place of Business - No P.O. Box #  
**305 S. SALISBURY TERRACE**

3. Mailing Address  
**305 S. SALISBURY TERRACE**

Suite, Apt. #, etc.  
**B**

02042008 Chg-LLC CR2E083 (12/06)

City & State  
**LECANTO FL**

City & State  
**LECANTO, FL**

Zip  
**34461** Country  
**USA**

Zip  
**34461** Country  
**USA**

4. FEI Number  
**20-1966079**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARDY, JOHN S III  
 521 W. FORT ISLAND TRAIL  
 PLANTATION POINTE, SUITE A  
 CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROWLEY, ROBERT P 708 W. TOUCAN LOOP HERNANDO, FL 34442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOVICH, STANFORD A 210 E. GLASSBORO CT. HERNANDO, FL 34442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Robert Crowley* **ROBERT CROWLEY** **2/4/08 352-341-4769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #