

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069261

Entity Name: BSS, L.L.C.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

2534 WOOD POINTE DRIVE
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2534 WOOD POINTE DRIVE
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 20-3265775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, THOMAS
2534 WOOD POINTE DRIVE
HOLIDAY, FL 34691 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: MGR () Delete
Name: BUTLER, THOMAS
Address: 2534 WOOD POINTE DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: MGR () Delete
Name: SHREVE, EDWARD
Address: 7420 BANNER STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGR () Delete
Name: SHREVE, SHARON
Address: 117 NE 200TH AVENUE
City-St-Zip: OLD TOWN, FL 32680

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 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: THOMAS BUTLER

MGR

01/04/2007

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