2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000092934

Entity Name: BS LLC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4404 W BURKE ST TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

4404 W BURKE ST TAMPA, FL 33614 US

FEI Number: 11-3760020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANTAMARIA, BARBARO 4404 W BURKE ST TAMPA, FL 33614 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

itle: MGR () Delete Title: () Change () Addition

 Title:
 MGR () Delete
 Title:

 Name:
 SANTAMARIA, BARBARO
 Name:

 Address:
 4404 W BURKE ST
 Address:

 City-St-Zip:
 TAMPA, FL 33614 US
 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: CANALES, ARMANDO Name: BATISTA, CARLOS R

Address: 305 OAK ROSE LN Address: 13604 PARK LAKE DR APT 101

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete Title: () Change () Addition Name: VALLE, YOSBANY Name:

 Address:
 4404 W BURKE ST
 Address:
 Address:

 City-St-Zip:
 TAMPA, FL 33614
 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: BARBARO SANTAMARIA MGR 01/14/2009