

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000102967

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** BALS, LLC

**Current Principal Place of Business:**

14009 KNOX OVERLOOK CT  
WAKE FOREST, NC 27587 US

**New Principal Place of Business:**

**Current Mailing Address:**

14009 KNOX OVERLOOK CT  
WAKE FOREST, NC 27587 US

**New Mailing Address:**

**FEI Number:** 20-3650005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROYSTER, BRENDA J  
808 E. LAKE DR  
SHALIMAR, FL 32579 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:** P  
**Name:** ROYSTER, BRENDA  
**Address:** 808 E LAKE DR  
**City-St-Zip:** SHALIMAR, FL 32579

**Title:** VP  
**Name:** GROSNIK, KEITH  
**Address:** 14009 KNOX OVERLOOK COURT  
**City-St-Zip:** WAKE FOREST, NC 27587

**Title:** T  
**Name:** GROSNIK, LEE ANN  
**Address:** 14009 KNOX OVERLOOK COURT  
**City-St-Zip:** WAKE FOREST, NC 27587

**Title:** S  
**Name:** ROYSTER, CLAUDE C  
**Address:** 808 EAST LAKE DR  
**City-St-Zip:** SHALIMAR, FL 32579

I hereby 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:** KEITH L GROSNIK

VP

01/19/2012

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