FILED
Aug 05, 2008 8:00 am
Secretary of State
08-05-2008 90022 014 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000002675

1. Entity Name
BS, L.L.C.

60046333

07092008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
49650 MARTIN ROAD WIXOM, MI 48393	49650 MARTIN ROAD WIXOM, MI 48393
2. Principal Place of Business - No P.O. Box # 48985 Wixom Tech Drive	3. Mailing Address 48985 Wixom Tech Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Wixom, MI	City & State Wixom, MI
Zip 48393 Country USA	Zip 48393 Country USA

4. FEI Number 56-2553016 ☐ Applied For ☐ Not Applicable

5. ☐ Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBSTER, RONALD S 979 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145	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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRINGER, JEFFREY 5359 WILDWOOD HOWELL, MI 48843	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Barringer, Jeffrey 48985 Wixom Tech Drive Wixom, MI 48393	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVENS, RANDY R 49650 MARTIN ROAD WIXOM, MI 48393	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stevens, Randy R 48985 Wixom Tech Drive Wixom, MI 48393	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Jeff Barringer 7/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #