

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90274 044 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60018631



DOCUMENT # L06000021815					
1. Entity Name BPSC INDUSTRIES, LLC					
Principal Place of Business 5026 MARINA CIRCLE BOCA RATON, FL 33486 US			Mailing Address 5026 MARINA CIRCLE BOCA RATON, FL 33486 US		
2. Principal Place of Business - No P.O. Box # 3180 Fairlane Farms Road		3. Mailing Address 3180 Fairlane Farms Road			
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1			
City & State Wellington, Florida		City & State Wellington, Florida		4. FEI Number 34-2062022	
Zip 33414		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEDY, BEN S JR 399 WEST PALMETTO PARK ROAD SUITE # 100 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name: Gary Czajkowski Street Address: 3180 Fairlane Farms Road Suite 1 City: Wellington FL Zip Code: 33414		
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: 3/27/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE MGR NAME SAYLES, RONALD STREET ADDRESS 5026 MARINA CIRCLE CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE MGR NAME BORRICO, PATRICK STREET ADDRESS 1729 N. W. RIVER TERRACE CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE MGR NAME Gary Czajkowski, Gary STREET ADDRESS 3180 Fairlane Farms Road, #1 CITY-ST-ZIP Wellington, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Gary Czajkowski 3/27/08 561-718-9455 <small>Date Daytime Phone #</small>		