## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L06000027941 08 MAR 14 AM 11: 22 BPS14, LLC Principal Place of Business Mailing Address 9095 S.W. 87TH AVE. 9095 S.W. 87TH AVE. SUITE 777 SUITE 777 MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 CR2E083 (12/06) Chg-LLC City & State Applied For City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHERRY, ALEX Street Address (P.O. Box Number is Not Acceptable) 9095 S.W. 87TH AVE. SUITE 777 MIAMI, FL 33176 City 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 Signature, typed or printed name of registored agent and title if applicables 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 0 ☐ Delete TITLE ☐ Change ☐ Addition 700120376057 03/14/08--01016--012 \*\*788.75 NAME SIMKINS, RONALD NAME 9095 SW 87 AVENUE SUITE 777 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33176 JITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change M Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the powered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information supplied with the indicated on this report is true and accurate and limited liability company or the sequence or trustees.

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE