

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074296

Entity Name: BFS, LLC

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

447 CAPE CORAL PARKWAY  
107  
CAPE CORAL, FL 33904

## Current Mailing Address:

447 CAPE CORAL PARKWAY  
107  
CAPE CORAL, FL 33904

## New Principal Place of Business:

12670 NEW BRITTANY BLVD.  
202  
FORT MYERS, FL 33907

## New Mailing Address:

12670 NEW BRITTANY BLVD.  
202  
FORT MYERS, FL 33907

FEI Number: 20-5269832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WANDERON, THOMAS  
809 WALKERBILT ROAD  
5  
NAPLES, FL 34110 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: MGRM ( ) Delete  
Name: BARTON, NANCY  
Address: 447 CAPE CORAL PARKWAY, SUITE 107  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Delete  
Name: PHILIP, DWIGHT  
Address: 447 CAPE CORAL PARKWAY, SUITE 107  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PHILIP, DWIGHT  
Address: 12670 NEW BRITTANY BLVD. SUITE # 202  
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DWIGHT T. PHILIP

MGRM

04/24/2009

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