

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101545

Entity Name: BCALM SERVICES LLC

FILED
Aug 28, 2008
Secretary of State

Current Principal Place of Business:

620 WEST FAIRBANKS AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

263 JENCKES HILL RD
LINCOLN, RI 02865

New Mailing Address:

FEI Number: 20-5811290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JARMOSZKO, RICHARD
620 WEST FAIRBANKS AVE
WINTER PARK, FL 32789 US

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: MGR () Delete
Name: JARMOSZKO, RICHARD
Address: 620 WEST FAIRBANKS AVE
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: VACHON, CHARLES
Address: 263 JENCKES HILL RD
City-St-Zip: LINCOLN, RI 02865

Title: MGRM () Delete
Name: RIENDEAU, ALAN
Address: 263 JENCKES HILL RD
City-St-Zip: LINCOLN, RI 02865

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD JARMOSZKO

MGR

08/28/2008

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