

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033909

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** B.S.L. ENTERPRISES, LLC

**Current Principal Place of Business:**

885 PONDELLA ROAD  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

885 PONDELLA ROAD  
NORTH FORT MYERS, FL 33903 US

**New Mailing Address:**

**FEI Number:** 20-8744624      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISHER, LEIGH M  
4403 SE 16TH PLACE  
2  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

MCLEOD, RODERICK D  
3345 FOWLER ST  
FORT MYERS, FL 33901 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: RODERICK D MCLEOD      04/14/2009  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEVOY, LAWRENCE R  
Address: 885 PONDELLA ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

**ADDITIONS/CHANGES:**

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: LAWRENCE R LEVOY      MGRM      04/14/2009  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date