


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
6 Jul 11, 2008 8:00 am
Secretary of State

06-06-2008 90104 017 ***150.00

DOCUMENT # L07000081021			
1. Entity Name BSMB, LLC			
Principal Place of Business 9068 SHARON STREET HOBE SOUND, FL 33455		Mailing Address P.O. BOX 355 HOBE SOUND, FL 33475	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent BOEHRINGER, BARBARA 9068 SHARON STREET HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when resigning)</small>	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Boehringer, Barbara 9068 SE Sharon St. Hobe Sound, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Boehringer, Stephan 9068 SE Sharon St. Hobe Sound, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Boehringer, Melanie 9068 SE Sharon St. Hobe Sound, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Barbara Boehringer</u>		Date: <u>July 7-2008</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

ATTACHMENT

300/0296

Barbara Boehringer

P.O.Box 355

Hobe Sound, FL 33475 – 0355

Phone: 772 546 8661

Fax: 772 546 9907

July 7, 2008

Division of Corporations

P.O.Box 6478

Tallahassee, FL 32314

Subjects: BSMB LLC and BOEHRINGER HOLDINGS LLC

Reference Numbers: L07000081021 and L06000070171

To Whom It May Concern:

Enclosed please find the corrected and signed Annual Reports.
Hope this solves all the questions.

Thank you for your attention in this matter.

Sincerely,



Barbara Boehringer