

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000100215

**FILED**  
**Jun 15, 2010**  
**Secretary of State**

**Entity Name:** BTMFDRS LLC

**Current Principal Place of Business:**

38946 4TH AV  
NORTH BRANCH, MN 55056

**New Principal Place of Business:**

1720 NE 33RD LN  
CAPE CORAL, FL 33909

**Current Mailing Address:**

PO BOX 11  
NORTH BRANCH, MN 55056 US

**New Mailing Address:**

1720 NE 33RD LN  
CAPE CORAL, FL 33909

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELKINS, AMY J  
1720 NE 33RD LN  
CAPE CORAL, FL 33909 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  
Name: ELKINS, STEVEN B  
Address: 1720 NE 33RD LN  
City-St-Zip: CAPE CORAL, FL 33909

I hereby 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: STEVEN B ELKINS

CEO

06/15/2010

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