

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021961

Entity Name: B&S ALLIANCE, LLC

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

16343 HEATHROW DRIVE
TAMPA, FL 33647 US

New Principal Place of Business:

1159 NIKKI VIEW DRIVE
BRANDON, FL 33511 US

Current Mailing Address:

16343 HEATHROW DRIVE
TAMPA, FL 33647 US

New Mailing Address:

1159 NIKKI VIEW DRIVE
BRANDON, FL 33511 US

FEI Number: 26-2083145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAJASEKHARA, SAHANA
16343 HEATHROW DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

BIVINS, ROBERT W ESQ.
1060 BLOOMINGDALE AVENUE
VALRICO, FL 33596 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: ROBERT W BIVINS

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAJASEKHARA, SAHANA
Address: 16343 HEATHROW DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM (X) Delete
Name: PRIHAR, BETTY
Address: 16343 HEATHROW DRIVE
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRIHAR, BETTY
Address: 1159 NIKKI VIEW DRIVE
City-St-Zip: BRANDON, FL 33511 US

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: BETTY PRIHAR

MGR

02/13/2009

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