

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009205

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Entity Name:** BGMS GROWTH MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

10250 NORMANDY BLVD  
SUITE 101  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

1972 MC GIRTS POINT BLVD.  
JACKSONVILLE, FL 32221

**New Mailing Address:**

10250 NORMANDY BLVD  
SUITE 101  
JACKSONVILLE, FL 32221

**FEI Number:** 26-4136108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCKHOLTZ, LESLIE  
1972 MCGIRTS POINT BLVD  
JACKSONVILLE, FL 32221 US

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

BUCKHOLTZ, LESLIE  
10250 NORMANDY BLVD  
SUITE 101  
JACKSONVILLE, FL 32221 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: LESLIE BUCKHOLTZ

04/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BUCKHOLTZ, LESLIE Y  
Address: PO BOX 6403  
City-St-Zip: JACKSONVILLE, FL 32236

Title: MGR  
Name: BUCKHOLTZ, MELVIN L  
Address: PO BOX 6403  
City-St-Zip: JACKSONVILLE, FL 32236

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: LESLIE BUCKHOLTZ

PRES

04/07/2012

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