

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028958

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** BLT OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

4161 TAMIAMI TRAIL  
SUITE 501  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

4161 TAMIAMI TRAIL  
SUITE 501  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 26-4555782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BORYSENKO, WALTER  
24540 HARBORVIEW RD.  
UNIT G-1  
PORT CHARLOTTE, FL 33980 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: MGR  
Name: LORICCO, CARLO J  
Address: 4161 TAMIAMI TRAIL, SUITE 501  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM  
Name: BORYSENKO, WALTER  
Address: 24540 HARBORVIEW RD. G-1  
City-St-Zip: PORT CHARLOTTE, FL 33980

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: CARLO J. LORICCO

MGR

04/06/2010

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