

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000006983

1. Entity Name
BSFA FINANCIAL SERVICES AND CONSULTING, L.L.C.



Principal Place of Business
8100 SOUTHWEST TENTH STREET
2000
PLANTATION, FL 33324

Mailing Address
1320 SOUTH DIXIE HIGHWAY
SUITE 1061
CORAL GABLES, FL 33146



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0973798

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWICKKOW, BERNARD
1320 SOUTH DIXIE HIGHWAY
SUITE 1061
MIAMI, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SWICKKOW, BERNARD
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	MGRM
NAME	ADLER, LESLIE
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	MGRM
NAME	ALDECOA, JORGE
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY, SUITE 1061
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	FARBISH, GARY
STREET ADDRESS	90 ALMERIA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/07-80037-001 50.00

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IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/3/07

305-670-1984