2000 U	FIFORM BUS		ORT	ŲBI			
DOCUMEN	VT #	18745		•	FILED		
1. Entity Name BDS MANAGE	EMENT, L.L.C.	مين ب _{يا} يونو			00 MAY 18 AM 10: 22		
	•				SECRETARY OF STATE		
Principal Place of Sus	siness	Mailing Address	7.68	_	TALLAHASSEE, FLORIDA		
		, · · · · · · · · · · · · · · · · · · ·	-				
			•				
2. Principal Place of E	Business	3. Mailing Address	LI T NCT	AN D	PLYD		
5111 C OC Suite, Apt. #, etc.	EAN BLVD.	46 N. WASHINGTON BLVD. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		SUITE 1 City & State			4. FEI Number XXApplied For		
SARASOTA	FL	SARASOTA	FL	-	Not Applic		
34242	Country USA	34242	Countr	ŠA	5. Certificate of Status Desired		
6, N	lame and Address of Curren	t Registered Agent		Name_	7. Name and Address of New Registered Agent	<u> </u>	
					ATTERSON , JOHN et Address (P.O. Box Number is Not Acceptable)	\dashv	
			-	46	6 N. WASHINGTON BLVD., #1		
			-	City	ARASOTA FL Zip Code 34236	_	
8. The above named	entity submits this statement	br the purpose of changing i	its registered		ARASOTA 34236 e or registered agent, or both, in the State of Florida.	\dashv	
			Ü		4/17/00		
SIGNATURE Signature.	typed or printed name of registered agen	t and title if applicable. (NO	DTE. Registered	Agent signati	gnature required when reinstating) DATE		
	-	FILE	vowiii F	EE IS S	3) \$50.00		
		一定的是於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於	"我们的是一个时间的。"	医假结肠 医内内性下丛	artment of State		
9.	MANAGING MEMI	BERS/MEMBERS	10.		ADDITIONS/CHANGES	_	
TITLE NAME		☐ Delete	TITLE NAME	; 	MGRM Change XX Add	1 -	
STREET ADDRESS			STREET	ADDRESS	5111 C OCEAN BOULEVARD		
CITY-ST-ZIP TITLE		Delete	CITY-S	T-ZIP	SARASOTA FL 34242	ition	
NAME	ME		NAME		2000032853226	; 3 €	
STREET ADDRESS CITY-ST-ZIP	7		STREET CITY-S	ADDRESS IT-ZIP	-06/12/0001113017 *****50.00 *****50.00	i	
TITLE	Delete		TITLE		Change Additio		
STREET ADDRESS	Charles Charles		NAME STREET	ADDRESS	ss		
TITLE			CITY-5	T- ZIP		ition	
NAME .			NAME			IIOH	
STREET ADDRESS CITY-ST-ZIP*			STREET CITY-S	ADDRESS T-ZIP	is (- {	
TITLE 2 49		☐ Delete	TITLE		☐ Change ☐ Add	ition	
NAME STREET ADDRESS			name Street	ADDRESS	SS S		
CITY-ST-ZIP			CITY-S	T-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addi	tion	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADORESS	rs	}	
VIII 01 48				1.4.714,		_	
11. hereby certify that	at the information supplied wit	h this filing does not qualify f	or the exem	ption stat	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio	n j	
indicated on this re	eport is true and accurate and	d that my signature shall have	e the same (egal effec	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio iffect as if made under oath; that I am a managing member or manager of the id by Chapter 608, Florida Statutes.	n	
indicated on this re	eport is true and accurate and appart or the receiver or truste	d that my signature shall have	e the same (egal effect equired b	iffect as if made under oath; that I am a managing member or manager of the	n	