

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000113396

Entity Name: SBTS, LLC

Current Principal Place of Business:

C/O JAMES D MAGARIAN
1 SUNSET DRIVE
PEABODY, MA 01960-6609

Current Mailing Address:

C/O JAMES D MAGARIAN
1 SUNSET DRIVE
PEABODY, MA 01960-6609

FEI Number: 46-3495838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title PARTNER
Name MAGARIAN, JAMES D
Address C/O JAMES D MAGARIAN
 1 SUNSET DRIVE
City-State-Zip: PEABODY MA 01960-6609

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES D. MAGARIAN

PARTNER

03/20/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date