

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000015912

Entity Name: BSLLPCS LLC**Current Principal Place of Business:**350 EAST LAS OLAS BLVD, SUITE 1000
FORT LAUDERDALE, FL 33301**Current Mailing Address:**350 EAST LAS OLAS BLVD, SUITE 1000
FORT LAUDERDALE, FL 33301**FEI Number:** 35-2555211**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERGER, JAMES L
350 EAST LAS OLAS BLVD, SUITE 1000
FORT LAUDERDALE, FL 33301 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:** /S/JAMES L. BERGER

04/29/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name BERGER, JAMES
Address 350 EAST LAS OLAS BLVD, SUITE 1000
City-State-Zip: FORT LAUDERDALE FL 33301

Title MANAGER
Name BERGER, MITCHELL
Address 350 EAST LAS OLAS BLVD, SUITE 1000
City-State-Zip: FORT LAUDERDALE FL 33301

Title MANAGER
Name BARRON, ROBERT
Address 350 EAST LAS OLAS BLVD, SUITE 1000
City-State-Zip: FORT LAUDERDALE FL 33301

Title MANAGER
Name CARRIUOLO, ANTHONY
Address 350 EAST LAS OLAS BLVD, SUITE 1000
City-State-Zip: FORT LAUDERDALE FL 33301

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 BERGER

MANAGER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date