

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000015912

Entity Name: BSLLPCS LLC**Current Principal Place of Business:**201 E LAS OLAS BLVD
SUITE 1500
FORT LAUDERDALE, FL 33301**Current Mailing Address:**201 E LAS OLAS BLVD
SUITE 1500
FORT LAUDERDALE, FL 33301 US**FEI Number:** 35-2555211**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERGER, JAMES L
201 E LAS OLAS BLVD
SUITE 1500
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**04/26/2023**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	BERGER, JAMES
Address	201 E LAS OLAS BLVD SUITE 1500
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	MANAGER
Name	BERGER, MITCHELL
Address	201 E LAS OLAS BLVD SUITE 1500
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	MANAGER
Name	BARRON, ROBERT
Address	201 E LAS OLAS BLVD SUITE 1500
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	MANAGER
Name	CARRIUOLO, ANTHONY
Address	201 E LAS OLAS BLVD SUITE 1500
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****04/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date