

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000569

Entity Name: B/D OPS, LLC

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4261 PARK RD.  
ANN ARBOR, MI 48103

**New Principal Place of Business:**

**Current Mailing Address:**

4261 PARK RD.  
ANN ARBOR, MI 48103

**New Mailing Address:**

FEI Number: 38-3627552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RYDELL, BRANDON D  
Address: 4261 PARK RD.  
City-St-Zip: ANN ARBOR, MI 48103

Title: MGRM  
Name: RYDELL, JEROME  
Address: 5312 SPRING HILL DR.  
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM  
Name: SAMMONS SECURITIES, INC.  
Address: ONE SAMMONS PLAZA  
City-St-Zip: SIOUX FALLS, SD 57193

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BRANDON D RYDELL

MGR

01/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date