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# ANNUAL REPORT

Secretary of State  
500 E. Capitol Ave  
Pierre, SD 57501-5070  
(605) 773-4845

Domestic Limited Liability Company  
SDCL 47-34A-211; 59-11-24, 24.1

Filing Fee: \$50  
  
Total Fee: \$50

**2019**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

1. Business ID and Name:

**DL031977**  
BUSINESS ID

**BFLX, LLC**  
BUSINESS NAME

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address):

Actual Street Address

**18662 LIVESTOCK RD HWY 212W  
BELLE FOURCHE, SD 57717**

Mailing Address

**PO BOX 878  
PHILIP, SD 57567**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, or (b) a commercial registered agent.

(a) The South Dakota Noncommercial Registered Agent's name

Name THOR ROSETH

Actual Street Address in this State

**607 PLEASANT DRIVE  
PHILIP, SD 57567**

Mailing Address in this State

**PO BOX 875  
PHILIP, SD 57567-0875**

5. If the LLC is manager-managed, list the names and addresses of its Managers. SDCL 59-11-24. If the LLC is member-managed, this section may be left blank.

Name

Address

**Thor Roseth**

**607 Pleasant Drive - PO Box 875 - Philip, SD 57567**

**Thor Roseth**

**607 Pleasant Drive - PO Box 875 - Philip, SD 57567**

6. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

03/25/2019

Dated

THOR K ROSETH

Signature of an Authorized Person

THOR K ROSETH

Printed Name

Email (Optional)