

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000094152

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC5878192551**

**Entity Name:** BCJM, LLC

**Current Principal Place of Business:**

5465 VERNA BLVD  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

P O BOX 6898  
JACKSONVILLE, FL 32236

**FEI Number:** 37-1529277

**Certificate of Status Desired:** No

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

JAMES, KELLY M  
5465 VERNA BLVD  
JACKSONVILLE, FL 32205 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 MGR  
Name JAMES, KELLY M  
Address 5465 VERNA BLVD  
City-State-Zip: JACKSONVILLE FL 32205

Title MGR  
Name BRANNEN, WILLIAM M  
Address 5465 VERNA BLVD  
City-State-Zip: JACKSONVILLE FL 32205

Title MGR  
Name EFFINGER, JERRY D  
Address 5465 VERNA BLVD  
City-State-Zip: JACKSONVILLE FL 32205

*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:** WILLIAM M BRANNEN

**MANAGER**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date