

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000079622

FILED
Apr 27, 2016
Secretary of State
CC3099631144

Entity Name: BCC ROAD IMPROVEMENT LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE
SUITE 600
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE
SUITE 600
MIAMI, FL 33131

FEI Number: 30-0829474

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHU, LINDA
501 BRICKELL KEY DRIVE
SUITE 600
MIAMI, FL 33131 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: LINDA CHU

04/27/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO	Title	PRESIDENT, ASST. SECRETARY
Name	BRADLEY, GUY	Name	OWENS, STEPHEN L
Address	501 BRICKELL KEY DRIVE SUITE 600	Address	501 BRICKELL KEY DRIVE SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	VP
Name	GANDOLFO, CHRISTOPHER	Name	CHU, LINDA
Address	501 BRICKELL KEY DRIVE SUITE 600	Address	501 BRICKELL KEY DRIVE SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	ASST. VP
Name	CORTABARRIA, GONZALO	Name	ALES, EFREN
Address	501 BRICKELL KEY DRIVE SUITE 600	Address	501 BRICKELL KEY DRIVE SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	ASST. SECRETARY		
Name	MCMAIN, BEVERLEY		
Address	501 BRICKELL KEY DRIVE SUITE 600		
City-State-Zip:	MIAMI FL 33131		

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: LINDA CHU

CFO

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date