# SIGNATURE: MANUEL RICARDO ALONSO MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000077944

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: BC ONE DEVELOPMENT, LLC

## Current Principal Place of Business:

18851 NE 29TH AVE FL 7 AVENTURA, FL 33180

## **Current Mailing Address:**

18851 NE 29TH AVE FL 7 AVENTURA, FL 33180 US

## FEI Number: 82-1168938

## Name and Address of Current Registered Agent:

ALONSO, MANUEL RICARDO SR. 18851 NE 29TH AVE FL 7 AVENTURA, FL 33180 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                     | : MANUEL RICARDO ALONSO                  |                 | 01/28/2021                   |
|-------------------------------|--|-----------------|------------------------------|
|                               | Electronic Signature of Registered Agent |                 | Date                         |
| Authorized Person(s) Detail : |  |                 |                              |
| Title                         | MGR                                      | Title           | MGR                          |
| Name                          | MEDECA INVESTMENTS CORP                  | Name            | BERMUDEZ GLOBAL COMPANY, LLC |
| Address                       | 18851 NE 29TH AVE<br>FL 7                | Address         | 95 MERRICK WAY<br>SUITE 514  |
| City-State-Zip:               | AVENTURA FL 33180                        | City-State-Zip: | CORAL GABLES FL 33134        |

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

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 Statute that my name appears above, or on an attachment with all other like empowered.

#### FILED Jan 28, 2021 Secretary of State 3518715335CC

Certificate of Status Desired: No

01/28/2021 Date