## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # I 0000010710

## FILED May 24, 2002 8:00 am Secretary of State

1. Entity Name						04-25-2002 90010 026 ****50.00					
BMC, L	TC.										
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Principal Place of Business Mailing Address							_				
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2. Principal Place of Business		3. Mailing Address			7 1						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT W	RITE IN THIS	SPACE			
City & Stat	le	City & State			4. FEIN	umber a	1_10	. Т. Т.	Applied For	7	
						umber 59-370	21.5.48		Not Applicabl	е	
Zlp Country		Zip Cour		stry 5. Certificate of Status Desir		icate of Status Desired	red S5.00 Additional Fee Required				
	6. Name and Address of Curre	ent Registered Agent			7. Name	and Address of New	Registered	•	90	4	
				-Name					<u>ت ت ت ت</u>	=	
	LIKAN, BRENT			Street Address	(P.O. Box N	umber la Not Accepta	hle)		<u> </u>	-	
	MAGNOLIA STREET				(1.0. DOX 11	ambor la Not Accepta				╛	
MEI	W SMYRNA BEACH FL 32168										
		_		City	,		FL	Zip Coo	de	┪	
8. The above	named entity submits this statemen	t for the purpose of changing i	its registere	d office or registr	ered enent o	r both in the State of		<u></u>		-	
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SIGNATURE .	Signature, typed or printed name of registered ag	ant and title if annitrable (M	OTE: Decisioner	Agent signature require	- d . d				<del></del>		
<del> </del>						3J	DATE	<del></del>	<del></del>	-	
		Make Check F		EE IS \$50.00		•					
				y 1, 2002	OI State					İ	
9.	MANAGING MEM	BERS/MANAGERS	10.			ΑΠΟΙΤΙΠΙΑ	S/CHANGES			4	
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NAME STREET ADDRESS	BRENT MILLIKAN & COMPAN	IY, P.A.	NAME							9	
STREET ADDRESS   CITY-ST-ZIP	205 MAGNOLIA STREET	400		T ADDRESS ST-ZIP						8	
TITLE	NEW SMYRNA BEACH FL 32	168 Delete	TITLE	31-41	<del> </del>					CR2E083 (9/01)	
NAME		CJ Osişta	NAME					Change	Addition	ြ	
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NAME			NAME						( <b>-</b> (4000)		
STREET ADDRESS CITY-ST-ZIP				ADDRESS TO THE						(	
TILE		☐ Delete	CITY-S	1-417	<u> </u>		<del></del>			[	
IAME		L. Dekte	TITLE				•	☐ Change	Addition		
TREET ADORESS				ADDRESS							
ITY-ST-ZIP	- <del> </del>		CITY-S								
<ol> <li>I hereby ce indicated c limited lish</li> </ol>	ertify that the information supplied with this report is true and accurate and illustration or the deciver Applications.	th this filing does not qualify to d that my signature shall have	r the exemp the same k	ption stated in Se egal effect as if m	ction 119.07( lade under o	3)(i), Florida Statutes. ath; that I am a mana	I further certil ging member	y that the in	formation of the		

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE