

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90325 007 \*\*\*\*50.00

**DOCUMENT # L02000007445**

1. Entity Name

**BCC CONSULTING, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2327 MIDTOWN TERRACE**

3. Mailing Address

**2327 MIDTOWN TERRACE**

Suite, Apt. #, etc.

**#1528**

Suite, Apt. #, etc.

**#1528**

City & State

**Orlando, Florida**

City & State

**Orlando, Florida**

4. FEI Number

**73-1633737**

Applied For

Not Applicable

Zip

**32839**

Country

**USA**

Zip

**32839**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**A1A REGISTERED AGENT, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**25 S.E. 2ND AVENUE SUITE 1036**

City

**MIAMI**

**FL**

Zip Code  
**33131**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**PAUL SMITH, Vice-President**

**02-07-03**

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
CORCORAN, BRETT AARON  
2327 MIDTOWN TERRACE #1528  
ORLANDO FL 32839**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
CORCORAN, CATHERINE VICTORIA  
2327 MIDTOWN TERRACE #1528  
ORLANDO FL 32839**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

**BRETT AARON CORCORAN, MGRM**

**JAN 20, 2003 407/854-6079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)