

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90750 031 ****50.00

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1. Entity Name
BMC HOLDINGS CO., LLC



Principal Place of Business
**9930 ALTERNATE A1A
PALM BEACH GARDENS, FL 33410**

Mailing Address
**9930 ALTERNATE A1A
PALM BEACH GARDENS, FL 33410**



03042004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0553398

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**STEPHEN S. MATHISON, P.A.
5606 PGA BLVD., SUITE 211
PALM BEACH GARDENS, FL 33418**

**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. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AMANDA HENENSON-N
STREET ADDRESS	9930 ALTERNATE A1A
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	PRESIDENT
NAME	Michael Hochstein
STREET ADDRESS	5390 Woodland Lakes DR. APT 206
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DIRECTOR
NAME	CARMI DSJJI
STREET ADDRESS	1003 GRAND ISLE WAY
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Amanda Henenson 3/5/04 561-627-3119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #