

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90311 020 ***138.75

DOCUMENT # L02000027032

1. Entity Name
B.M.C. ENTERPRISES, LLC



Principal Place of Business
2400 E. LAS OLAS BLVD
SUITE A
FORT LAUDERDALE, FL 33301 US

Mailing Address
2400 E. LAS OLAS BLVD
SUITE A
FORT LAUDERDALE, FL 33301 US

2. Principal Place of Business - No P.O. Box #
2438 E. LAS OLAS BLVD

3. Mailing Address
2438 E. LAS OLAS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
55-0803301

Applied For
Not Applicable

Zip
33301

Country

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

6. Name and Address of Current Registered Agent

OLIVE, BENJAMIN E
2400 E. LAS OLAS BLVD
SUITE A
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
OLIVE, BENJAMIN E

Street Address (P.O. Box Number is Not Acceptable)
2438 E. LAS OLAS BLVD

City
FORT LAUDERDALE FL Zip Code
33301

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)

4/17/08
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
OLIVE, BENJAMIN E
2400 E. LAS OLAS BLVD, SUITE A
FORT LAUDERDALE, FL 33301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
OLIVE, BENJAMIN E
2438 E. LAS OLAS BLVD
FORT LAUDERDALE, FL 33301

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

4/17/08
DATE

Daytime Phone #