

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011537

Entity Name: B&C TECHNOLOGIES LLC

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

440 WEST 11TH STREET  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

440 WEST 11TH STREET  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number: 20-0161894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUCE, BENGT  
440 WEST 11TH STREET  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRUCE, BENGT PRES  
Address: 101 HERON TURN  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM  
Name: WHITEHEAD, DAVID SEC  
Address: 154 CANDLEWICK CIR  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM  
Name: WHITEHEAD, CATHARINA TREAS  
Address: 154 CANDLEWICK CIR  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM  
Name: COWEN, GARRISON BOD  
Address: 1101 HICKORY HILL  
City-St-Zip: JASPER, AL 35504

Title: MGRM  
Name: COWEN, ROBERT JR BOD  
Address: 2056 MAGNOLIA  
City-St-Zip: BIRMINGHAM, AL 35243

Title: MGRM  
Name: BRUCE, MATS EVP  
Address: 4000 LEANN CIRCLE  
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CATHARINA WHITEHEAD

MGRM

01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date