

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000048996

1. Entity Name
BCM TAVARES, LLC



Principal Place of Business
205 E. BURLEIGH BLVD.
TAVARES, FL 32778

Mailing Address
205 E. BURLEIGH BLVD.
TAVARES, FL 32778



03182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0661619

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, BRENT C
205 E. BURLEIGH BLVD.
TAVARES, FL 32778

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable.

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

U00000951184
06/04/08-80023-004 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MILLER, CHARLES T
STREET ADDRESS	205 E BURLEIGH BLVD
CITY - ST - ZIP	TAVARES, FL 32778
TITLE	MGR
NAME	MILLER, BRENT C
STREET ADDRESS	205 E BURLEIGH BLVD
CITY - ST - ZIP	TAVARES, FL 32778
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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #