

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000037872

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** BCIC LLC

**Current Principal Place of Business:**

4741 LONSDALE CIRCLE  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10151 UNIVERSITY BLVD. #195  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 20-2694972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIGNARDI, SHARON C  
4741 LONSDALE CIRCLE  
ORLANDO, FL 32817 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: MGRM  
Name: MIGNARDI, SHARON C  
Address: 4741 LONSDALE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: MGRM  
Name: KOPCZYNSKI, MEDARD K  
Address: 10 WILLOW STREET  
City-St-Zip: KEENE, NH 03431

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: SHARON MIGNARDI

MGRM

03/19/2010

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