

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060990

Entity Name: B-C INSURANCE, LLC

FILED  
Sep 04, 2006  
Secretary of State

**Current Principal Place of Business:**

16 SPINNAKER CIRCLE SOUTH  
DAYTONA, FL 321198550 US

**New Principal Place of Business:**

**Current Mailing Address:**

16 SPINNAKER CIRCLE SOUTH  
DAYTONA, FL 321198550 US

**New Mailing Address:**

FEI Number: 20-3053007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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 ( ) Delete  
Name: CUNNINGHAM, GEOFFREY C  
Address: 16 SPINNAKER CIRCLE SOUTH  
City-St-Zip: DAYTONA, FL 321198550 US

Title: MGRM ( ) Delete  
Name: BELIKOFF, LESLIE  
Address: 2466 CAROLTON ROAD  
City-St-Zip: MAITLAND, FL 32751 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: GEOFFREY C CUNNINGHAM

MGR.

09/04/2006

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