

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90052 036 \*\*\*\*\*50.00

DOCUMENT # L05000106446

1. Entity Name

BC & SFK, LLC



Principal Place of Business

84959 OVERSEAS HIGHWAY  
ISLAMORADA FL 33036

Mailing Address

P. O. BOX 222  
ISLAMORADA FL 33036



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0907145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

KURUTZ, STEPHEN F  
84659 OVERSEAS HIGHWAY  
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name

KURUTZ, STEPHEN F.

Street Address (P.O. Box Number is Not Acceptable)

~~84659~~ OVERSEAS HWY.  
84959

City

ISLAMORADA

FL

Zip Code

33036

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]*

Signature, type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent Signature required when reinstating)

01/19/07

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
KURUTZ, STEPHEN F  
84959 OVERSEAS HIGHWAY  
ISLAMORADA FL 33036 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
CORNELL, CLIFFORD  
84959 OVERSEAS HIGHWAY  
ISLAMORADA FL 33036 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
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CITY- ST- ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #