

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113580

Entity Name: BC INSTALLATIONS, LLC

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

141 SW THANKSGIVING AVE
PORT ST LUCIE, FL 34984

New Principal Place of Business:

113 W. ARBOR AVE
PORT ST LUCIE, FL 34952

Current Mailing Address:

P.O. BOX 1752
PORT SALERNO, FL 34992

New Mailing Address:

113 W. ARBOR AVE
PORT ST LUCIE, FL 34952

FEI Number: 20-3668022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURRY, BRIAN M
141 SW THANKSGIVING AVE
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

CURRY, BRIAN M
113 W. ARBOR AVE
PORT ST LUCIE, FL 34952 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:

04/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CURRY, BRIAN M
Address: 141 SW THANKSGIVING AVE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: MGRM () Delete
Name: CURRY, AMBER
Address: 11211 S MILITARY TRAIL, APT 523
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CURRY, BRIAN M
Address: 113 W. ARBOR AVE.
City-St-Zip: PORT ST LUCIE, FL 34952

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

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN CURRY

MGRM

04/28/2007

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