
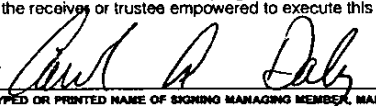


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90069 007 ****50.00

DOCUMENT # M05000005365 1. Entity Name BC SOLUTIONS, LLC					
Principal Place of Business 4805 E. THISTLE LANDING DR., SUITE 110 PHOENIX, AZ 85044			Mailing Address 4805 E. THISTLE LANDING DR., SUITE 110 PHOENIX, AZ 85044		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0326478	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WRANOVICS, SONYA 12832 SW 2ND RD NEWBERRY, FL 32669				7. Name and Address of New Registered Agent Name: CARLEEN NARY Street Address (P.O. Box Number is Not Acceptable) 1906 Terralyn Ln City: TRINITY, FL Zip Code: 34655-4934	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALY, CAROL A 4805 E. THISTLE LANDING DR., SUITE 110 PHOENIX, AZ 85044	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALY, WILLIAM J 4805 E. THISTLE LANDING DR., SUITE 110 PHOENIX, AZ 85044	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			Date: 3/2/06 Daytime Phone #: 480 296 4427		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005365

1. Entity Name
BC SOLUTIONS, LLC

ATTACHMENT

20047119

Principal Place of Business
4805 E. THISTLE LANDING DR., SUITE 110
PHOENIX, AZ 85044Mailing Address
4805 E. THISTLE LANDING DR., SUITE 110
PHOENIX, AZ 85044

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

05022006 Chg-LLC CR2E083 (1/1/05)

City & State

City & State

4. FEI Number
30-0326478Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARANOVICH, GONNA
12832 SW 2ND RD
MIAMI, FL 33186

Name CARLEEN NARY

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

1906 Terralyn Ln

City TRINITY

FL

Zip Code

34655-4936

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

Carleen Nary

Carleen Nary

4/25/06

Filing Fee is \$50.00
Due by May 1, 2006Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	DALY, CAROL A	4805 E. THISTLE LANDING DR., SUITE 110	PHOENIX, AZ 85044	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	DALY, WILLIAM J	4805 E. THISTLE LANDING DR., SUITE 110	PHOENIX, AZ 85044	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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SIGNATURE:

Carleen Nary

3/2/06

480 296 4427

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Original Photo ID