

M100000000897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATION
10 DEC 30 AM 10:54

N. Culligan JAN 3 - 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B.C.I. TECHNICAL SOLUTIONS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER SCHAEFLEIN
Name of Person

B.C.I. LLC
Firm/Company

515 COOPER COMMERCE DRIVE, STE 100
Address

APOPKA, FL 32703
City/State and Zip Code

bci/llc@rocketmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER SCHAEFLEIN at (407) 880-0649
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

10 DEC 30 AM 10: 54

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: B.C.T. TECHNICAL SOLUTIONS, LLC
2. This entity was formed under the laws of: WYOMING
3. This entity was authorized to transact business in Florida on FEBRUARY 25, 2010 and its Florida document/registration number is M10000000897
4. The name and address of each manager or managing member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

PETER SCHAEFLEIN
515 COOPER COMMERCE DR., STE 100
APOPKA, FL 32703

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25