2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136089

Entity Name: BC&DLIMITED, INC

Name:

Address: City-St-Zip: LARROW, PAUL L

3501-312 DEL PRADO BLVD.

CAPE CORAL, FL 33904 US

FILED Jul 07, 2008 Secretary of State

Littly Nai	ile. BC&DL	IIVII I LD, IIVC.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
2517 SANTA BARBARA BLVD. SUITE 11 CAPE CORAL, FL 33914			SUITE 500	2503 DEL PRADO BLVD SUITE 500 CAPE CORAL, FL 33904		
Current M	ailing Addres	s:	New Mail	New Mailing Address:		
SUITE 11	TA BARBARA RAL, FL 33904		SUITE 500	PRADO BLVD) RAL, FL 33904		
FEI Number	20-5795848	FEI Number Applied For ()	FEI Number Not App	licable () Certifica	ate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
SUITE 312 CAPE COI The above	RAL, FL 33904 named entity se of Florida.	US submits this statement for the	purpose of changing	its registered office or r	registered agent, or bot	h,
	Electron	ic Signature of Registered Ac	gent		Date	_
Election Car		3(2)(b), F.S., the corporation did r Trust Fund Contribution (). TORS:	·		FICERS AND DIRECTO	ORS:
Title: Name: Address: City-St-Zip:	BROYLES, LON	BARBARA BLVD.	Title: Name: Address: City-St-Zip:	D,P (X) Change BROYLES, LONNIE L 2503 DEL PRADO BLVD CAPE CORAL, FL 33904	; STE 500	
Title: Name: Address: City-St-Zip:	PEPIN, CORRIE	BARBARA BLVD.	Title: Name: Address: City-St-Zip:	DT (X) Change PEPIN, CORRIE 2503 DEL PRADO BLVD CAPE CORAL, FL 33904	; STE 500	
Title:	DS ()	Delete	Title:	() Change	() Addition	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LONNIE BROYLES DP 07/07/2008