

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102031

**Entity Name:** LGC-GROUP LLC

**Current Principal Place of Business:**

2525 PONCE DE LEON BOULEVARD,  
SUITE 300, CC. CAREPOINTS CARD CORP.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

POST OFFICE BOX, 332175  
MIAMI, FL 33233 US

**FEI Number:** 30-0583831

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GODWIN, ESHESIMUA WCEO  
15533 SW 96 TERRANCE  
MIAMI, FL 33196 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	ESHESIMUA, GODWIN W	Name	BAP DEVELOPMENT GROUP LLC
Address	POST OFFICE BOX, 332175	Address	2601 SOUTH BAYSHORE DRIVE
City-State-Zip:	MIAMI FL 33233	City-State-Zip:	MIAMI FL 33133

*I hereby 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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GODWIN W. ESHESIMUA

**CEO/MANAGING  
PARTNER**

**04/29/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date