

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000068832

**Entity Name:** BCS RAGS, LLC

**Current Principal Place of Business:**

3359 NW 67 STREET  
MIAMI, FL 33148

**Current Mailing Address:**

3359 NW 67 STREET  
MIAMI, FL 33148 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ARICE, ANDERSON  
3359 NW 67 STREET  
MIAMI, FL 33148 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 MR  
Name ARICE, ANDERSON  
Address 3359 NW 67 STREET  
City-State-Zip: MIAMI FL 33148

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDERSON ARICE

**OWNER**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date