

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000113324

Entity Name: BC US, LLC**Current Principal Place of Business:**34200 B DOCTORS HAMMOCK ROAD
IMMOKALEE, FL 34142**Current Mailing Address:**34200 B DOCTORS HAMMOCK ROAD
IMMOKALEE, FL 34142 US**FEI Number:** 46-3583916**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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:** SHELBY FRANK FOR REGISTERED AGENTS INC.

04/21/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER, PRESIDENT, AUTHORIZED REPRESENTATIVE
Name	BUSHMITZ, MARK MOSHE
Address	34200 B DOCTORS HAMMOCK ROAD
City-State-Zip:	IMMOKALEE FL 34142

Title	V. PRESIDENT, AUTHORIZED REPRESENTATIVE
Name	GUTIERREZ, ARMANDO GEORGE
Address	34200 B DOCTORS HAMMOCK ROAD
City-State-Zip:	IMMOKALEE FL 34142

Title	MEMBER
Name	SAVANNE MANAGEMENT CORP.
Address	34200 B DOCTORS HAMMOCK ROAD
City-State-Zip:	IMMOKALEE FL 34142

Title	MEMBER
Name	BUSHMITZ CONSULTANCY LTD.
Address	34200 B DOCTORS HAMMOCK ROAD
City-State-Zip:	IMMOKALEE FL 34142

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: ARMANDO GEORGE GUTIERREZ

VP

04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date