

**2018 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:**

NORTHWEST REGISTERED AGENT LLC  
3030 N. ROCKY POINT DRIVE  
SUITE 150A  
TAMPA, FL 33607 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            | BIOCULTURE MAURITIUS LTD     | Name            | BUSHMITZ, MARK MOSHE         |
| Address         | 34200 B DOCTORS HAMMOCK ROAD | Address         | 34200 B DOCTORS HAMMOCK ROAD |
| City-State-Zip: | IMMOKALEE FL 34142           | 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:** A GUTIERREZ

**AGENT**

**04/25/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date