

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000165648

Entity Name: BC MANAGER, LLC**Current Principal Place of Business:**200 RIVERSIDE AVE
SUITE 5
JACKSONVILLE, FL 32202**Current Mailing Address:**200 RIVERSIDE AVE
SUITE 5
JACKSONVILLE, FL 32202 US**FEI Number:** 47-2185776**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONN, JEFFREY A
200 RIVERSIDE AVE
SUITE 5
JACKSONVILLE, FL 32202 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	MANAGER
Name	HALLMARK PARTNERS INC
Address	200 RIVERSIDE AVE SUITE 5
City-State-Zip:	JACKSONVILLE FL 32202

Title	MEMBER
Name	CONN, JEFFREY A
Address	200 RIVERSIDE AVE SUITE 5
City-State-Zip:	JACKSONVILLE FL 32202

Title	MEMBER
Name	COLEY, W ALEX
Address	200 RIVERSIDE AVE SUITE 5
City-State-Zip:	JACKSONVILLE FL 32202

Title	MEMBER
Name	GOLDFADEN, KEITH
Address	200 RIVERSIDE AVE SUITE 5
City-State-Zip:	JACKSONVILLE FL 32202

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: CONN , JEFFREY A

MEMBER

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date