

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000165648

Entity Name: BC MANAGER, LLC**Current Principal Place of Business:**6675 CORPORATE CENTER PARKWAY, SUITE 100
JACKSONVILLE, FL 32216**Current Mailing Address:**6675 CORPORATE CENTER PARKWAY, SUITE 100
JACKSONVILLE, FL 32216**FEI Number:** 47-2185776**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONN, JEFFREY A
6675 CORPORATE CENTER PARKWAY, SUITE 100
JACKSONVILLE, FL 32216 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	6675 CORPORATE CENTER PARKWAY, SUITE 100
City-State-Zip:	JACKSONVILLE FL 32216

Title	MEMBER
Name	CONN, JEFFREY A
Address	6675 CORPORATE CENTER PARKWAY, SUITE 100
City-State-Zip:	JACKSONVILLE FL 32216

Title	MEMBER
Name	COLEY, W ALEX
Address	6675 CORPORATE CENTER PARKWAY, SUITE 100
City-State-Zip:	JACKSONVILLE FL 32216

Title	MEMBER
Name	GOLDFADEN, KEITH
Address	6675 CORPORATE CENTER PARKWAY, SUITE 100
City-State-Zip:	JACKSONVILLE FL 32216

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****04/30/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date