5515 BRYS NAPLES, F	ON DRIVE, SUITE 501 L 34109			
FEI Number: 20-1404067			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
NOVATT, JEFF 1415 PANTHEF SUITE 327 NAPLES, FL 3	R LANE			
The above name	d entity submits this statement for the purpose of changir	ng its registered office or regis	tered agent, or both, in the State of Flor	
	d entity submits this statement for the purpose of changir E: _JEFF NOVATT, ESQ.	ng its registered office or regis	tered agent, or both, in the State of Flor	<sup>rida.</sup> 03/01/2018
	, , , , , ,	ng its registered office or regis	tered agent, or both, in the State of Flor	
SIGNATURE	E: JEFF NOVATT, ESQ.	ng its registered office or regis	tered agent, or both, in the State of Flor	03/01/2018
SIGNATURE	E: JEFF NOVATT, ESQ. Electronic Signature of Registered Agent	ng its registered office or regis	tered agent, or both, in the State of Flor	03/01/2018
SIGNATURE Authorized	E: JEFF NOVATT, ESQ. Electronic Signature of Registered Agent Person(s) Detail :			03/01/2018
SIGNATURE Authorized	E: JEFF NOVATT, ESQ. Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	03/01/2018 Date
SIGNATURE Authorized Title Name	E: JEFF NOVATT, ESQ. Electronic Signature of Registered Agent Person(s) Detail : MGR KOROLEVICH, ROBERT M M.D. 5515 BRYSON DRIVE, SUITE 501	Title Name	MGR GALLOPS, MICHAEL R M.D. 5515 BRYSON DRIVE, SUITE 50	03/01/2018 Date
SIGNATURE Authorized Title Name Address	E: JEFF NOVATT, ESQ. Electronic Signature of Registered Agent Person(s) Detail : MGR KOROLEVICH, ROBERT M M.D. 5515 BRYSON DRIVE, SUITE 501	Title Name Address	MGR GALLOPS, MICHAEL R M.D. 5515 BRYSON DRIVE, SUITE 50	03/01/2018 Date

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: ROBERT KOROLEVICH

PRESIDENT

03/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L04000051081

Entity Name: BRYSON DRIVE, LLC

## **Current Principal Place of Business:**

5515 BRYSON DRIVE, SUITE 501 NAPLES, FL 34109

## **Current Mailing Address:**

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 01, 2018 Secretary of State CC7380608325

Date