

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000148833

**Entity Name:** BROEN, LLC

**Current Principal Place of Business:**

746 47TH ST.  
SARASOTA, FL 34234

**Current Mailing Address:**

4411 BEE RIDGE RD, #289  
SARASOTA, FL 34233 US

**FEI Number:** 46-3931471

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROEN, JAKE  
746 47TH ST.  
SARASOTA, FL 34234 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           | Title           | AUTHORIZED MEMBER |
| Name            | BROEN, JAKE       | Name            | BROEN, ALEXIS M   |
| Address         | 746 47TH ST.      | Address         | 746 47TH ST.      |
| City-State-Zip: | SARASOTA FL 34233 | City-State-Zip: | SARASOTA FL 34234 |

*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:** JAKE BROEN

MANAGER

03/27/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date