## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000156195

Entity Name: BROMLEY SQUARE DEVELOPER, LLC

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

1105 KENSINGTON PARK DRIVE

SUITE 200

ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

1105 KENSINGTON PARK DRIVE SUITE 200

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 47-2044668 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GRAY, DWAYNE 315 EAST ROBINSON STREET ORLANDO, FL 32801 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 MGR AND MBR Title **MBR** 

WOLF, JONATHAN L BAMBERGER, GLEN F Name Name

Address 1105 KENSINGTON PARK DRIVE Address 1105 KENSINGTON PARK DRIVE

SUITE 200 SUITE 200

ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 City-State-Zip: City-State-Zip:

Title Title **MBR** 

VON WELLER, RYAN S WOLF, SARA E Name Name

1105 KENSINGTON PARK DRIVE 1105 KENSINGTON PARK DRIVE Address Address

SUITE 200 SUITE 200

ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 City-State-Zip: City-State-Zip:

Title Title **MBR MBR** 

WOLF, HARRISON F DYAL, JAMES E Name Name

1105 KENSINGTON PARK DRIVE 1105 KENSINGTON PARK DRIVE Address Address

> SUITE 200 SUITE 200

ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 City-State-Zip: City-State-Zip:

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.

05/18/2020 SIGNATURE: JONATHAN L. WOLF **MEMBER** 

**FILED** May 18, 2020

**Secretary of State** 

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