

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000098056

**Entity Name:** BREAKFAST STATION 9, LLC

**Current Principal Place of Business:**

1673 SE US HWY 19  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

8405 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606

**FEI Number:** 47-4253871

**Certificate of Status Desired:** No

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

ZHRINGER, CHRISTOPHER J  
8405 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606 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:** CHRISTOPHER J ZHRINGER

01/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM MBR  
Name ZHRINGER, CHRISTOPHER J  
Address 11208 MIRAGE AVE  
City-State-Zip: BROOKSVILLE FL 34613

Title MBR  
Name MUPHRY, ZACHARY A  
Address 7439 ROYAL OAK DRIVE  
City-State-Zip: SPRING HILL FL 34607

Title MBR  
Name SPIVEY, DANIEL E  
Address 9529 NORTHCLIFFE BLVD  
City-State-Zip: SPRING HILL FL 34608

Title AUTHORIZED MEMBER  
Name CHALLIS, ALEXANDER  
Address 8405 NORTHCLIFFE BLVD  
City-State-Zip: SPRING HILL FL 34606

*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:** CHRISTOPHER ZHRINGER

MGRM

01/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date