

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000096561

**Entity Name:** BREAKFAST STATION 11, LLC

**Current Principal Place of Business:**

11352 N WILLIAMS ST., STE. 201B  
DUNNELLON, FL 34432

**Current Mailing Address:**

11352 N WILLIAMS ST., STE. 201B  
DUNNELLON, FL 34432 US

**FEI Number: 82-1404288**

**Certificate of Status Desired: No**

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

ZHRINGER, CHRISTOPHER J  
11352 N WILLIAMS ST., STE. 201B  
DUNNELLON, FL 34432 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  
Name ZHRINGER, CHRISTOPHER J  
Address 8090 NIGHTWALKER RD  
City-State-Zip: BROOKVILLE FL 34613

Title MBR  
Name DIENES, WILLIAM  
Address 2297 W TEE CIRCLE  
City-State-Zip: DUNNELLON FL 34434

Title MBR  
Name MORRA, JOSEPH A  
Address 32 NORTH MONROE ST  
City-State-Zip: BEVERLY HILLS FL 34465

Title MBR  
Name NELSON, BRYAN R  
Address 8405 NORTHCLIFFE BLVD  
City-State-Zip: SPRING HILL FL 34606

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

*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 J. ZHRINGER**

**MGR**

**01/02/2020**

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

\_\_\_\_\_  
Date