

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000182741

**Entity Name:** SEPTEMBER BREEZE, LLC

**Current Principal Place of Business:**

5115 PINOT STREET  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

5115 PINOT STREET  
ROCKLEDGE, FL 32955 US

**FEI Number: 82-2760583**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS, INC.  
3030 N. ROCKY POINT DRIVE  
SUITE 150A  
TAMPA, FL 33607 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	Title	MGR
Name	BRUNORI, DOMINICK	Name	BRUNORI, NANCY
Address	4510 CHARDONNAY DRIVE	Address	4510 CHARDONNAY DRIVE
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955

*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: BRUNORI, NANCY**

**MANAGER/REPRESENTATIVE 01/12/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date