

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000122643

Entity Name: BROGLE, LLC**Current Principal Place of Business:**11367 SW KINGSLAKE CIR
PORT SAINT LUCIE, FL 34987**Current Mailing Address:**11367 SW KINGSLAKE CIR
PORT SAINT LUCIE, FL 34987 UN**FEI Number:** 83-4661194**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHANNON HOLDINGS CORP
11367 SW KINGSLAKE CIR
PORT ST. LUCIE, FL 34987 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 PRES
Name CHANNON HOLDINGS CORP.
Address 11367 SW KINGSLAKE CIR
City-State-Zip: PORT ST. LUCIE FL 34987

Title MGR
Name WALTON, DAWN
Address 11367 SW KINGSLAKE CIR
City-State-Zip: PORT ST LUCIE FL 34987

Title VP
Name DEMORY, AARON
Address 11367 SW KINGSLAKE CIR
City-State-Zip: PORT ST LUCIE FL 34987

Title VP
Name GREENMAN, DAWN
Address 11367 SW KINGSLAKE CIR
City-State-Zip: PORT ST. LUCIE FL 34987

Title VP
Name SMARDON, LINDSAY
Address 11367 SW KINGSLAKE CIR
City-State-Zip: PORT ST LUCIE FL 34987

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: TERENCE CHANNON**PRESIDENT****04/07/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date