

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # L01000004519

1. Entity Name
BRONSONS LLC



Principal Place of Business
**1415 W. VINE STREET
KISSIMMEE, FL 34741**

Mailing Address
**P.O. BOX 420879
KISSIMMEE, FL 34742-0879**



03152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3722897

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LACKEY, DAN I
1415 W. VINE STREET
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000477525
04/06/06-80054-019 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRONSON, IRLO I JR.
1415 W. VINE STREET
KISSIMMEE, FL 34741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LACKEY, DAN
1415 W. VINE STREET
KISSIMMEE, FL 34741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/15/06

Date

Daytime Phone #

407-847-2847