

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**2 Mar 19, 2007 8:00 am
Secretary of State**

02-19-2007 90194 030 ****50.00

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**

DO NOT WRITE IN THIS SPACE



02082007No Chg-LLC

CR2E083 (11/05)

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 renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

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NAME
STREET ADDRESS
CITY - ST - ZIP

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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

3/17/07

Date

407-847-2847

Daytime Phone #