

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90235 001 ****50.00
 09-10-2002 90235 002 *****5.00

DOCUMENT # L01000006160

1. Entity Name
BROGA, L.L.C.

Principal Place of Business
**1685 SELVA MARINA DRIVE
 ATLANTIC BEACH FL 32233**

Mailing Address
**1685 SELVA MARINA DRIVE
 ATLANTIC BEACH FL 32233**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1685 SELVA MARINA DR.
 Suite, Apt. #, etc.

3. Mailing Address
1685 SELVA MARINA DR.
 Suite, Apt. #, etc.

City & State
ATLANTIC BEACH, FLORIDA

City & State
ATLANTIC BEACH, FLORIDA

4. FEI Number
59-3701224

Applied For
 Not Applicable

Zip
32233

Country
DUVAL

Zip
32233

Country
DUVAL

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, ROSALEE L
 1685 SELVA MARINA DRIVE
 ATLANTIC BEACH FL 32233**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, ROBERT W 1685 SELVA MARINA DRIVE ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, ROSALEE L 1685 SELVA MARINA DRIVE ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, OSCAR M 1685 SELVA MARINA DRIVE ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rosalie L. Clark*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

August 28, 2002 *904-247-8401*
 Date Daytime Phone #

CR2E083 (4/02)