

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

5/1

05-05-2003 90688 014 \*\*\*\*50.00

**DOCUMENT # L02000002838**

1. Entity Name

**BRUNNER DESIGN, LLC**



Principal Place of Business

Mailing Address

4731 BONITA BAY BLVD.  
SUITE 1703  
BONITA SPRINGS FL 34134  
US

4731 BONITA BAY BLVD.  
SUITE 1703  
BONITA SPRINGS FL 34134  
US

**55056730**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0600154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUNNER, DOUGLAS J**  
4731 BONITA BAY BLVD.  
SUITE 1703  
BONITA SPRINGS FL 34134

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 Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **ADDEND PRESIDENT** ☐ Delete  
NAME **DOUGLAS BRUNNER**  
STREET ADDRESS **4731 BONITA BAY BLVD., STE 1703**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

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

09-02-03

Date

949-5950

Daytime Phone #

CR2E083 (4/03)

*Attachment*

MEMORANDUM

brunner design, llc



TO: Florida Department of State  
consultation for the tropics

FROM: Douglas Brunner

DATE: September 3, 2003

4731 bonita bay boulevard  
suite 1703  
bonita springs, florida 34134

telephone: 239 949 5950  
facsimile: 239 949 5951  
email: brunnerdesign@aol.com

This amount was paid in April, 2003. I guess the form was not filled out correctly, so here is another form.

Please advise if this is incorrect.

550510730

#102000002838