

04-27-2004 09:47

From-MERCURIOBRIDGFORD

841 364 91

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90026 022 ****50.00

DOCUMENT # L02000016544	
1. Entity Name BELLMARK BRANDON, L.C.	

Principal Place of Business

2055 WOOD STREET
SUITE 208
SARASOTA, FL 34237 US

Mailing Address

2055 WOOD STREET
SUITE 208
SARASOTA, FL 34237 US

DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0446181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLEN, STEPHEN C
820 IDEWILD WAY 2055 WOOD ST # 208
SARASOTA, FL 34242 34237

**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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MULLEN, STEPHEN C
STREET ADDRESS	820 IDEWILD WAY 2055 WOOD ST # 208
CITY-STATE-ZIP	SARASOTA, FL 34242 34237

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4/27/04

741-364-9570