


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90150 005 ****50.00

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|--|---|---|--|---|--|
| DOCUMENT # L02000034646 1. Entity Name BRADENTON COUNCIL ON AGING, LLC | | | |  | |
| Principal Place of Business 105 15TH STREET EAST BRADENTON, FL 34208 | | | Mailing Address 105 15TH STREET EAST BRADENTON, FL 34208 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 54-2096364 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GILROY, JOHN F III 1435 E. PIEDMONT DRIVE, SUITE 100 TALLAHASSEE, FL 32308 | | | | | |
| 7. Name and Address of New Registered Agent Name Eilon Krugman - Icadi Street Address (P.O. Box Number is Not Acceptable) 824 E. University Avenue City Gainesville FL Zip Code 32602 | | | | | |
| 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 _____ DATE 1/22/07 <small>Signature, typed or printed name of registered agent and that it is appropriate (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BROCATO, MAXCINE 863 SE 25TH STREET OKEECHOBEE, FL 34974 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <u>Maxcine Brocato</u> 1-18-07 863-634-1287 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |

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