

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90186 050 ***138.75

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

54-2096364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIXON, BELINDA
1311 SW 16TH STREET
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name **FRANCINE HENNESSY, COO**

Street Address (P.O. Box Number is Not Acceptable)
1311 SW 16TH STREET

GAINESVILLE

City

FL

Zip Code

32608

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

Maxcine Danielle / Francine Hennessy

5/13/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BROCATO, MAXCINE**
STREET ADDRESS **863 SE 25TH STREET**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **DARVILLE, MAXCINE**
STREET ADDRESS **863 S.E. 25TH ST**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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: *Maxcine Danielle*

5-13-08

963-634-2213

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

Date

Daytime Phone #