LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

2.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

30002067

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000006996

1. Entity Name

Brueron Enterprises, LLC

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2. Principal Place of Business	3. Mailing Address
450 N. Park Rd	450 N. Park Rd.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 Country: US	Zip: 33021 Country: US

4. FEI Number 51-0450531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Marc Brueron

Street Address (P.O. Box Number is Not Acceptable): 450 N. Park Rd.

City: Hollywood FL Zip Code: 33021

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] 1-31-05

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

[redacted]

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9. MANAGING MEMBERS/MANAGERS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBRM Brueron, Marc 450 N. Park Rd. Hollywood, FL 33021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBRM Brueron, Nava 450 N. Park Rd. Hollywood, FL 33021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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REINSTATEMENT ab 4-05

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] 1-31-05

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #