

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000018437

1. Entity Name
BRADLEY MACKIN, LLC



Principal Place of Business
4424 NEW BROAD STREET
ORLANDO, FL 32814

Mailing Address
4424 NEW BROAD STREET
ORLANDO, FL 32814



01252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0194203

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, ROGER
4424 NEW BROAD STREET
ORLANDO, FL 32814

**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, 2005**

1100000221245
02/09/05-80025-001 250.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BRADLEY, ROGER
4424 NEW BROAD STREET
ORLANDO, FL 32814

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BRADLEY, ROGER
4424 NEW BROAD STREET
ORLANDO, FL 32814

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BRADLEY, NANCY M
4424 NEW BROAD STREET
ORLANDO, FL 32814

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - 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 #