

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90086 040 ***138.75

DOCUMENT # L04000069298

1. Entity Name
BRAGG ENTERPRISES, LLC



Principal Place of Business
**140 NAUTICA MILE DRIVE
CLERMONT, FL 34711**

Mailing Address
**140 NAUTICA MILE DRIVE
CLERMONT, FL 34711**

60017311



2. Principal Place of Business - No P.O. Box #
12001 BURTON STREET
Suite, Apt. #, etc.

3. Mailing Address
12001 BURTON STREET
Suite, Apt. #, etc.

02212008 Chg-LLC CR2E083 (12/06)

City & State
CLERMONT FL

City & State
CLERMONT FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
34711

Country
U.S.

Zip
34711

Country
U.S.

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

6. Name and Address of Current Registered Agent

**BRAGG, THOMAS S
140 NAUTICA MILE DRIVE
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **THOMAS S. BRAGG**

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

(NOTE: Registered Agent signature required when reinstating)

3/10/08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRAGG, THOMAS S
140 NAUTICA MILE DRIVE
CLERMONT, FL 34711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
- ☐ Change ☐ Addition

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- ☐ Change ☐ Addition

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:

Thomas S. Bragg

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

Date

Daytime Phone #

2-27-2008 (352) 255-5976