

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90074 012 ****50.00

DOCUMENT # L04000086847

1. Entity Name

BRUNO BILLY, L.L.C.



Principal Place of Business

6985 57TH STREET
VERO BEACH FL 32967-5846

Mailing Address

6985 57TH STREET
VERO BEACH FL 32967-5846

2. Principal Place of Business

PO Box 690386

Suite, Apt. #, etc.

3. Mailing Address

PO Box 690386

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip
32969-0386

Country

USA

City & State

Vero Beach, FL

Zip

32969-0386

Country

USA

4. FEI Number

20-2477261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E
817 BEACHLAND BOULEVARD
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name **CHARLES E. GARRIS**

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

819 BEACHLAND BLVD

City

VERO BEACH

FL

Zip Code

32963

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HERAN, DEAN C
6985 57TH STREET
VERO BEACH FL 32967-5846

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PO Box 690386
Vero Beach, FL 32969-0386

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

3-26-06

Date

770-6424

Daytime Phone #