

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013291

Entity Name: BEYOND BRONZE, LLC

FILED
Mar 22, 2009
Secretary of State

Current Principal Place of Business:

4320 DEERWOOD LAKE PARKWAY
207
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4320 DEERWOOD LAKE PARKWAY
207
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2337063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALYAN, LARS D MGR
7105 GLENDYNE DR S
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

GALYAN, LARS D MR.
7105 GLENDYNE DR S
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: MR. LARS D. GALYAN

03/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GALYAN, LARS D
Address: 7105 GLENDYNE DR S
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Delete
Name: GALYAN, ANGELA D
Address: 7105 GLENDYNE DR S
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: GALYAN, LARS D
Address: 7105 GLENDYNE DR S
City-St-Zip: JACKSONVILLE, FL 32216

Title: MRS. (X) Change () Addition
Name: GALYAN, ANGELA D
Address: 7105 GLENDYNE DR S
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARS D. GALYAN

MR.

03/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date