2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000023453



FILED Apr 18, 2006 8:00 am Secretary of State

1. Entity Name BRUCE & DAVID, LLC							04-18-2006	90009 04	47 ****50	0.00
Principal Place of Business Mailing Address 11731 NW 23RD STREET 11731 NW 23RD STREET PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026						I DISTINGU ST	erial end som esti esti		1 81 111 1 1111 1 11	IN M AD
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.		<u> </u>	04142006	Chg-LLC	CR2E08	33 (11/05)	
City & State			City & State			4. FEI Number 20-6	1956561		No	plied For t Applicable
Zíp			Zip Country		try		of Status Desired	U 6	5.00 Add	
6. Name and Address of Current Registered Ag			egistered Agent	***	Name	7. Name and	Address of New R	egistered A	gent	
YAROCK, BRUCE 11731 NW 23RD STREET PEMBROKE PINES, FL 33026					Street Address (P.O. Box Number is Not Acceptable)					
PEMBRORE PINES, FL 33026										
					City			FL	Zip Code	•
	named entit ions of regis	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or regis	stered agent, or bo	th, in the State of Fk	orida. Iam f	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent on	d trie d applicable. (NOT)	E; Registere	uper erutange InegA b	ared when renstating)	 	DATE		_ _
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			S/MANAGERS	10.				Departme		•
9.	MGR	y 1, 2006 MANAGING MEMBER	S/MANAGERS	TITLI	!		Florida	Departme		Addition
9. HILE NAME	MGR YAROCK	MANAGING MEMBER		TITLI	!		Florida	Departme	ent of State	
9.	MGR YAROCK	y 1, 2006 MANAGING MEMBER		TITLI NAM STRE	E		Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS	MGR YAROCK 11731 NV PEMBRO	MANAGING MEMBER MANAGI		TITLI NAM STRE CITY	E ET ADORESS -ST-ZIP		Florida	Departme	ent of State	
9. ITILE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR YAROCK 11731 NV PEMBRO MRG YAROCK	MANAGING MEMBER MANAGI	☐ Delete	TITLI NAM STRE CITY TITLI NAM	E ET ADORESS -ST-ZIP E		Florida	Departme	Change	☐ Addition
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing membe 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 MAKE OF BIOMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-06

914-430-1616