2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Aug 29, 2006 8:00 am
Secretary of State
08-03-2006 90073 021 ****50.00

DOCUMENT # L05000104659

1. Entity Name
DAUGHERTY/BRONSON, LLC

Principal Place of Business
19025 S.W. 264 STREET
HOMESTEAD FL 33031

Mailing Address
19025 S.W. 264 STREET
HOMESTEAD FL 33031

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

2nd MOORE CR2E083 (4/06)

4. FEI Number 20-3812844 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SACHER, CHARLES P ESQ
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES FL 33134

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when maintaining) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR ☐ Delete
NAME	DAUGHERTY, MICHAEL J SR.
STREET ADDRESS	19025 S.W. 264 STREET
CITY-ST-ZIP	HOMESTEAD FL 33031
TITLE	MGR ☐ Delete
NAME	DAUGHERTY, KAREN A
STREET ADDRESS	19025 S.W. 264 STREET
CITY-ST-ZIP	HOMESTEAD FL 33031
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

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

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: Michael J Daugherty MICHAEL J DAUGHERTY 8-1-06 305-248-8309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #