

DOCUMENT # L060001035981. Entity Name
RICHARD L. BROGEN CONSTRUCTION, L. L. C.**FILED**
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90106 032 ***138.75

Principal Place of Business

640 ALICE PLACE
BARTOW, FL 33830 US

Mailing Address

640 ALICE PLACE
BARTOW, FL 33830 US

2. Principal Place of Business - No P.O. Box

2209 W. PK AVE
Suite, Apt. #, etc.

3. Mailing Address

2209 W. PK AVE
Suite, Apt. #, etc.

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.

04272008 Chg-LLC CR2E083 (12/06)

City & State

Auburndale Florida

City & State

Auburndale, Florida

4. FEI Number
20-5768083Applied For
Not ApplicableZip
33823Country
U.S.AZip
33823Country
U.S.A5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEITH, WILLIAM C
1517 COMMERCIAL PARK DR.
LAKELAND, FL 33801

7. Name and Address of Now 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 re-registering)

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 MGRM ☐ Delete
NAME BROGEN, RICHARD L
STREET ADDRESS 640 ALICE PLACE
CITY-ST-ZIP BARTOW, FL 33830TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Brogen, Richard L
STREET ADDRESS 2209 W. PK AVE
CITY-ST-ZIP Auburndale, FL 33823TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

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

Date

Daytime Phone #