2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 27, 2008 8:00 am
Secretary of State
05-15-2008 90075 026 ***138.75

DOCUMENT # L07000013941

1. Entity Name
BRUCE WARE, LLC

Principal Place of Business	Mailing Address
103 SALE ROAD SOUTHPORT, FL 32409	103 SALE ROAD SOUTHPORT, FL 32409

30000000

05122008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
103 Sale road	103 Sale road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Southport Fl.	City & State: Southport Fl.
Zip: 32409 Country: Bay	Zip: 32409 Country: Bay

4. FEI Number 208389439 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARE, BRUCE 103 SALE ROAD SOUTHPORT, FL 32409	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 reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARE, BRUCE 103 SALE ROAD SOUPORT, FL 32409 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Bruce Dalem Ware 5/12/08 850-271-8984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #