

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Annual Report

FILED

12 JUL 18 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/27/12--01012--030 **200.00

CR2E041 (1/11)

DOCUMENT # L07000017831

1. Limited Liability Company's Name

Brønson-Alt27 Properties, LLC

2. Principal Office Address - No P.O. Box #

1418 May St.

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33548

Country

USA

3. Mailing Office Address

1418 May St.

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33548

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified To Do Business in Florida

2/15/2007

6. FEI Number

20-8449015

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Theodore C. Brock Jr.

Street Address (P.O. Box Number is Not Acceptable)

1418 May St.

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33548

E-mail Address:

07/13/12--01032--009 **438.75

brock.ted@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Theodore C. Brock Jr.

REGISTERED AGENT MUST SIGN

Date 6/25/2011

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Theodore C. Brock Jr.	1418 May St.	Lutz, FL 33548
MGRM	Barbara J. Brock	1418 May St.	Lutz, FL 33548

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Theodore C. Brock Jr.

Date 6/25/2012

Daytime Phone # 407-227-3504

Typed or printed name of signing Managing Member/Manager