

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY

Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000017831

1. Limited Liability Company's Name

Brønson-Alt27 Properties, LLC

FILED

12 JUL 18 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600236873086
06/27/12--01012--030 **200.00

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1418 May St.		3. Mailing Office Address 1418 May St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lutz, FL		City & State Lutz, FL	
Zip 33548	Country USA	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	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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.* Date 6/25/2011
REGISTERED AGENT MUST SIGN

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