

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081743

Entity Name: BISON BROTHERS, LLC

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

4701 NORTH FEDERAL HIGHWAY, SUITE 385  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

8243 THAMES BLVD UNIT D  
BOCA RATON, FL 33433

## Current Mailing Address:

4701 NORTH FEDERAL HIGHWAY, SUITE 385  
POMPANO BEACH, FL 33064

## New Mailing Address:

8243 THAMES BLVD UNIT D  
BOCA RATON, FL 33433

FEI Number: 26-3504791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CHASING YOUR DREAMS,, INC.  
Address: 4701 NORTH FEDERAL HIGHWAY, SUITE 385  
City-St-Zip: POMPANO BEACH, FL 33064

Title: S ( ) Delete  
Name: CHASING YOUR DREAMS,, INC.  
Address: 4701 NORTH FEDERAL HIGHWAY, SUITE 385  
City-St-Zip: POMPANO BEACH, FL 33064

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN CHASE

PRES

03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date