

2011

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY

Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 APR 28 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/23/11--01005--001 **238.75

CR2E041 (1/11)

DOCUMENT # L09000054731

1. Limited Liability Company's Name

BRUCE LESSON, LLC

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

5350 B SHIRLEY STREET

Suite, Apt. #, etc.

3. Mailing Office Address

5350 B SHIRLEY STREET

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34109

Country

Zip

34109

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

06/04/2009

6. FEI Number

27-0339946

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 **BRUCE D LESSON**

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

5350 B SHIRLEY STREET

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

E-mail Address:

(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

Date 3-17-11

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	BRUCE D LESSON	5350 B SHIRLEY STREET	NAPLES FL 34109

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

Date 3/17/11

Daytime Phone # 239 450 7130

Typed or printed name of signing Managing Member/Manager BRUCE D. LESSON