LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 21 AM 11:16

DOCUMENT # L10000098864

1. Entity Name

Pat Bran Community, LLC

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CR2E083B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5030 NW 44 Ave.	5030 NW 44 Ave.
Suite, Apt. #, ect.	Suite, Apt. #, ect.
City & State: Coconut Creek FL	City & State: Coconut Creek
Zip: 33073 Country: USA.	Zip: 33073 Country: USA.

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Patricia Morris

Street Address (P.O. Box Number is Not Acceptable): 5030 NW 44 Ave.

City: Coconut Creek FL Zip Code: 33073

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: P.A. Morris 6.15.11
Signature, typed or printed name of registered agent and title if applicable. DATE

January 1 - May 1 Fee is $138.75
After May 1, Fee is $538.75
Amended AR is $60.00
Make Check Payable to Florida Department of State

E-mail Address: Pat-Bran assist@Gmail.com
To be used for future annual report notices

9. MANAGING MEMBERS / MANAGERS

TITLE	ADMINISTRATOR/MGRM
NAME	Patricia Morris
STREET ADDRESS	5030 NW 44 Ave
CITY-ST-ZIP	Coconut Crk FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. 800207761448
06/17/11 01008 011 $150.00
800209180198
06/21/11--01013--023 **5.00

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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. The information 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: P.A. Morris 6.15.11 954-296-5455
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#

B Tadlock JUN 23 2011