

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000056801

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** BRAVO DELTA SUPPLIES, LLC

**Current Principal Place of Business:**

380 SOUTH STATE ROAD 434  
SUITE 1004-285  
ALTAMONTE SPRINGS, FL 327143866

**New Principal Place of Business:**

**Current Mailing Address:**

380 SOUTH STATE ROAD 434  
SUITE 1004-285  
ALTAMONTE SPRINGS, FL 327143866

**New Mailing Address:**

**FEI Number:** 45-2258764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLOWE, ARTHUR  
16405 SANDHILL ROAD  
WINTER GARDEN, FL 34787 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:** MGRM  
**Name:** BUELL, CHRISTOPHER M  
**Address:** 3785 SHAWN CIRCLE  
**City-St-Zip:** ORLANDO, FL 32826

**Title:** MGRM  
**Name:** DU BROFF, L.R.  
**Address:** 380 SOUTH STATE ROAD 434 STE 1004 PMB 285  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 327143866

I hereby 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:** L. R. DU BROFF

MGRM

04/27/2012

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