

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106826

**Entity Name:** BRUCE CHOVNICK, LLC

**Current Principal Place of Business:**

6170 NW 135TH AVE  
MORRISTON, FL 32668

**Current Mailing Address:**

6170 NW 135TH AVE  
MORRISTON, FL 32668 US

**FEI Number:** 52-2353270

**Certificate of Status Desired:** No

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

CHOVNICK, BRUCE  
6170 NW 135TH AVE  
MORRISTON, FL 32668 US

*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

**Authorized Person(s) Detail :**

Title	MGRM	Title	AUTHORIZED MEMBER
Name	CHOVNICK, BRUCE	Name	ANGELA, CHOVNICK
Address	6170 NW 135TH AVE	Address	6170 NW 135TH AVE
City-State-Zip:	MORRISTON FL 32668	City-State-Zip:	MORRISTON FL 32668

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE L CHOVNICK

MGMBR

01/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date