

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000069038

Entity Name: BREAKFAST STATION 12, LLC**Current Principal Place of Business:**2611 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327**Current Mailing Address:**2611 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327**FEI Number: 82-1002954****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIMPERT, DENISE
2611 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 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	MGR
Name	SMITH, CASH M
Address	5364 AARON LANE
City-State-Zip:	SPRING HILL FL 34608

Title	MGR
Name	SMITH, CATHLEEN R
Address	5364 AARON LANE
City-State-Zip:	SPRING HILL FL 34608

Title	MBR
Name	LIMPERT, DENISE
Address	21B OLD COURTHOUSE WAY
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	MBR
Name	DAVIS, WILLIAM A
Address	2611 CRAWFORDVILLE HIGHWAY
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	MBR
Name	O'CONNOR, COLLEEN
Address	1701 PINEHURST RD 29F
City-State-Zip:	DUNEDIN FL 34698

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: CASH M SMITH**MGR****01/25/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date