

**2024 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**

**01/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date