

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000121878					
1. Entity Name BRADIPO FLORIDA LLC					
Principal Place of Business 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			Mailing Address 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331		
BK					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired ☐				☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)					
Filing Fee is \$50.00 Due by September 14, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Silvio Serraino 2731 Executive Park Drive, #4 Weston, FL 33331		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500109367355 09/12/07--01025--020 **\$0.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	

FILED
 07 SEP -7 PM 3:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09052007 Chg-LLC CRZE083 (12/06)