

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90130 035 \*\*\*138.75

**DOCUMENT # L07000015039**

1. Entity Name  
**ABOUT MY FATHER'S BUSINESS, L.L.C.**



Principal Place of Business  
**2714 BACH AVENUE  
DAYTONA BEACH, FL 32118**

Mailing Address  
**2714 BACH AVENUE  
DAYTONA BEACH, FL 32118**

00001000



2. Principal Place of Business - No P.O. Box #  
**2714 DACH AVENUE**  
Suite, Apt. #, etc.  
**Daytona Beach**  
City & State  
**Florida**  
Zip  
**32118** Country  
**Volusia**

3. Mailing Address  
**2714 DACH AVENUE**  
Suite, Apt. #, etc.  
**Daytona Beach**  
City & State  
**Florida**  
Zip  
**32118** Country  
**Volusia**

01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**510645370** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., STE. 101  
TALLAHASSEE, FL 32301-2960**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRIEDIS, JOHN	
STREET ADDRESS	2714 BACH AVENUE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRIEDIS, MARY LOU	
STREET ADDRESS	2714 BACH AVENUE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*John Briedis*

4/8/08

386-763-0547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #