

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90047 034 \*\*\*\*50.00

**DOCUMENT # L06000021326**

1. Entity Name  
**BRP SALES, LLC**



Principal Place of Business  
**9838 OLD BAYMEADOWS ROAD  
#381  
JACKSONVILLE, FL 32256 US**

Mailing Address  
**9838 OLD BAYMEADOWS ROAD  
#381  
JACKSONVILLE, FL 32256 US**

**00043541**

2. Principal Place of Business - No P.O. Box #  
**1761 Lilly Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**9838 Old Baymeadows Rd**  
Suite, Apt. #, etc.  
**#297**



04262007 Chg-LLC CR2E083 (12/06)

City & State  
**Jacksonville FL**  
Zip  
**32207**  
Country  
**US**

City & State  
**Jacksonville FL**  
Zip  
**32256**  
Country  
**US**

4. FEI Number  
**20-4514819**  
Applied For  
Not Applicable

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**

**L.T.S.C., LLC  
28 WEST PARK AVENUE  
LAKE WALES, FL 33853**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Managing Member  
Joseph Hettlinger  
1761 Lilly Rd  
Jacksonville FL 32207**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Managing Member  
James H. Bar  
1761 Lilly Rd  
Jacksonville FL 32207**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

TITLE  
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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:**

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

**4-26-07**  
Date

**9048992550**  
Daytime Phone #