

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L05000069186

1. Entity Name
BRIX INVESTMENTS, LLC



Principal Place of Business
1531 LAKEVIEW DR
SEBRING, FL 33870

Mailing Address
1531 LAKEVIEW DR
SEBRING, FL 33870



02272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3146642

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKER, LELAND III
1531 LAKEVIEW DR
SEBRING, FL 33870

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IN THIS SPACE**

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, or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/27/08
DATE

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

000000845354
03/13/08-80036-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEPHENS, DAVID L
STREET ADDRESS	1531 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	MGRM
NAME	STEPHENS, MARION E IV
STREET ADDRESS	1531 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	MGRM
NAME	KOPPEIN, THOMAS
STREET ADDRESS	1531 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	MGRM
NAME	BROOKER, LELAND III
STREET ADDRESS	1531 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	MGRM
NAME	B & L CATTLE COMPANY, LLC
STREET ADDRESS	1531 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	MGRM
NAME	LAURENT, GEORGE
STREET ADDRESS	1531 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #