2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# L04000090981

Entity Name: BRACES DIRECT LLC

Current Principal Place of Business:

4171 W. HILLSBORO BLVD
#10
COCONUT CREEK, FL 33073

New Principal Place of Business:

4171 W. HILLSBORO BLVD
#12
COCONUT CREEK, FL 33073

Current Mailing Address:

4171 W. HILLSBORO BLVD
#10
COCONUT CREEK, FL 33073

New Mailing Address:

4171 W. HILLSBORO BLVD
#12
COCONUT CREEK, FL 33073

FEI Number: 20-2019464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHESLACK, BRIAN G
1201 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHAPIRO, LYNNE
Address: 4171 W. HILLSBORO BLVD #10
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LYNNE SHAPIRO MGRM 06/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date