

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042390

Entity Name: BRIAN HODGERS, P.L.C.

Current Principal Place of Business:

723 TRUMAN ROAD, #201526
TALLAHASSEE, FL 32314-7297

Current Mailing Address:

POST OFFICE BOX 7297, #201526
TALLAHASSEE, FL 32314-7297 US

FEI Number: 20-0338458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HODGERS, BRIAN
723 TRUMAN ROAD, #201526
TALLAHASSEE, FL 32314-7297 US

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

Authorized Person(s) Detail :

Title MGRM
Name HODGERS, BRIAN
Address POST OFFICE BOX 7297, #201526
City-State-Zip: TALLAHASSEE FL 32314-7297

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN HODGERS

MGRM

01/24/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date