## **2013 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

FILED Jan 08, 2013

**Secretary of State** 

CC7642899782

## 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**PRES** 

SIGNATURE: BRIAN HODGERS

Electronic Signature of Signing Authorized Person(s) Detail

01/08/2013

Date