

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000042390

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

**Current Principal Place of Business:**

723 TRUMAN AVENUE, #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 AVENUE, #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

**PRESIDENT**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date