

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000153065

**Entity Name:** BROTHERS CAFE & LOUNGE LLC

**Current Principal Place of Business:**

1156 ELIZABETH AVE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1016 ANDREWS RD  
WEST PALM BEACH, FL 33405 US

**FEI Number: 46-4012471**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GABRIEL, WILLIE C  
1016 ANDREWS RD  
WEST PALM BEACH, FL 33405 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 AUTHORIZED REPRESENTATIVE  
Name GABRIEL, WILLIE C  
Address 1016 ANDREWS RD  
City-State-Zip: WEST PALM BEACH FL 33405

Title SECRETARY  
Name GABRIEL, MICHAELLE M  
Address 1016 ANDREWS RD  
City-State-Zip: WEST PALM BEACH FL 33405

Title PRESIDENT  
Name JEAN, WISNIEK  
Address 1016 ANDREWS RD  
City-State-Zip: WEST PALM BEACH FL 33405

Title MANAGER  
Name JOSEPH, WISNIQUE  
Address 1016 ANDREWS RD  
City-State-Zip: WEST PALM BEACH FL 33405

*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: WILLIE GABRIEL**

**AUTHORIZED  
REPRESENTATIVE**

**04/01/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date