

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000163409

**Entity Name:** BROTHERS 4 BROTHERS,LLC

**Current Principal Place of Business:**

1523 AVENUE D  
FORT PIERCE, FL 34950

**Current Mailing Address:**

3705 AVENUE T  
FORT PIERCE, FL 34947 US

**FEI Number:** 47-2129613

**Certificate of Status Desired:** No

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

BARBER, ANTOINE J  
3705 AVENUE T  
FORT PIERCE, FL 34947 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           | MGR                  | Title           | MGR                  |
| Name            | BARBER, ANTOINE J    | Name            | ADAMS, TESSA         |
| Address         | 3705 AVENUE T        | Address         | 3705 AVENUE T        |
| City-State-Zip: | FORT PIERCE FL 34947 | City-State-Zip: | FORT PIERCE FL 34947 |

*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:** TESSA ADAMS

MGRM

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date