

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000250694

Entity Name: BROTHERS PLUS LLC

Current Principal Place of Business:

631 4TH STREET NORTH
ST. PETERSBURG, FL 33701

Current Mailing Address:

631 4TH STREET NORTH
ST. PETERSBURG, FL 33701

FEI Number: 83-2784483

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CULLEM, JOHN P ESQUIRE
856 2ND AVE. NORTH
ST. PETERSBURG, FL 33701 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 AMBR
Name HAMED, GAZI M
Address 631 4TH ST. NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title PST
Name HAMED, GAZI M
Address 631 4TH ST. NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title AMBR
Name HAMED, SAMEER M
Address 631 4TH ST. NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title VP
Name HAMED, SAMEER M
Address 631 4TH ST. NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title AT
Name HAMED, SAMEER M
Address 631 4TH ST. NORTH
City-State-Zip: ST. PETERSBURG FL 33701

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: GAZI M. HAMED

AUTHORIZED MEMBER

04/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date