

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000010100

Entity Name: BROTHAZ&BROTHERS107 LLC**Current Principal Place of Business:**2710 SOMERSET DRIVE
LAUDERDALE LAKES, FL 33311**Current Mailing Address:**2710 SOMERSET DRIVE
LAUDERDALE LAKES, FL 33311 US**FEI Number:** 86-1525030**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TURNER, BRYON AUSTIN
2710 SOMERSET DRIVE
LAUDERDALE LAKES, FL 33311 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:** BRYON AUSTIN TURNER

11/22/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---------------------------|
| Title | CEO |
| Name | TURNER, BRYON AUSTIN |
| Address | 2710 SOMERSET DRIVE |
| City-State-Zip: | LAUDERDALE LAKES FL 33311 |

| | |
|-----------------|----------------------------|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | TURNER, AUDREY ROSE |
| Address | 162 KENTWOOD SPRINGS DRIVE |
| City-State-Zip: | HAMPTON GA 30228 |

| | |
|-----------------|------------------------|
| Title | CEO |
| Name | TURNER, STANLEY AUSTIN |
| Address | 300 CUMBERLAND DRIVE |
| City-State-Zip: | BYRON GA 31008 |

| | |
|-----------------|---------------------------|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | TURNER, PEARLENE |
| Address | 300 CUMBERLAND DRIVE |
| City-State-Zip: | BYRON GA 31008 |

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: AUDREY TURNER**AUTHORIZED
REPRESENTATIVE**

11/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date