

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M20000011245

**Entity Name:** BRIAR HALL MANAGEMENT LLC

**Current Principal Place of Business:**

511 UNION ST., STE. 735  
NASHVILLE, TN 37219

**Current Mailing Address:**

511 UNION ST., STE. 735  
NASHVILLE, TN 37219 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WARD DAMON BUSINESS SERVICES, LLC  
4420 BEACON CIR.  
WEST PALM BEACH, FL 33407 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            PRESIDENT, CEO  
Name            BENEVIDES, JOHN A.  
Address        511 UNION ST., STE. 735  
City-State-Zip: NASHVILLE TN 37219

Title            VP, TREASURER  
Name            MUNRO, ROBIN P.  
Address        511 UNION ST., STE. 735  
City-State-Zip: NASHVILLE TN 37219

Title            VP  
Name            NAGLER, GILLIAN L.  
Address        511 UNION ST., STE. 735  
City-State-Zip: NASHVILLE TN 37219

Title            SECRETARY  
Name            MORRIS, AMANDA M.  
Address        511 UNION ST., STE. 735  
City-State-Zip: NASHVILLE TN 37219

Title            ASST. TREASURER  
Name            HUANG, LINGXI  
Address        511 UNION ST., STE. 735  
City-State-Zip: NASHVILLE TN 37219

*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:** NAGLER , GILLIAN L.

**VICE PRESIDENT**

**02/16/2023**

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

\_\_\_\_\_  
Date