A 10000000 481

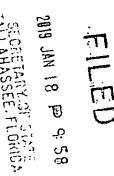
(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Chury Marrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L





200322845132

01/16/13--01022--007 **615.60



COVER LETTER

Division of Corpo					
SUBJECT:	BRILAN HC	LDINGS, LLI	LP		
Name	of Limited Partnership or Lir	mited Liability Limi	ted Partnership		
DOCUMENT NUMBER: A1000000487					
The enclosed Statement of fee(s) are submitted for f		Office and/or Re	egistered Agent and		
Please return all correspondence	ndence concerning this	matter to:			
Zo	ena Clarke				
C	ontact Person		Z. 28		
c/o Stratu	s Investments, LLC		C 15	~7	
Fir	m/Company		HE N		
6413 Congre	ess Avenue, Suite 110		2019 JAN 18 CECCETARY ALLAHASSE	ון ון	
	Address	.] .1 —	
Boca Rat	on, Florida 33487			<i></i>	
	tate and Zip Code		30 AU 30 AU		
zclarke	@breezercooling.com	1	٠		
E-mail address: (to be us	sed for future annual report no	otification)			
For further information e	oncerning this matter, pl	lease call:			
Zena Cla	arke at (954_)	312-4607		
Name of Contact Per	'son /	Area Code and Dayt	ime Telephone Number	_	
Enclosed is a \$35.00 che	ck made payable to the I	Florida Departme	ent of State.		
STREET ADDRESS:		MAILING A	ADDRESS:		
Registration Section		Registration S			
Division of Corporations		Division of C			
Clifton Building		P. O. Box 632	27		
2661 Executive Center C	ircle	Tallahassee, I	FL 32314		
Tallahassee, FL 32301					

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	BRILAN HOL				
Nar	me of Limited Partnership or Lim	ited Liability Li	mited Partners	hip	
2 8/26/10		3	A10000	10000000487	
Date of filing/registration in Florida			Florida docun		_
4. The name of the rep Department of State:	gistered agent and the registered	office address as	shown on the	records of the Flori	ida
	Theodore R. S	Stotzer, Esq.			
	Nan			7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
c/o 550 S.W. 12th A		Avenue, Suit	e 550	SECULETARY SECULETARY	7
Addres			<u> </u>	E N	سائي سائي
Deerfield Beach, Florida 33442			42	SSE VRY 81	آ -ؤ
	City, State			F 19	チャラ
5. The name and Flori	ida street address of the new regi	stered agent and	or office:	STATE ORIENT	ļ
	Zena C	larke		10 A	
	Nan	ne			
	6413 Congress Av	enue, Suite	110		
	Florida street address (P.				
	Boca Raton	FL	33487		
,	City. State	 : -,			
3u \XX\2000	ore effective when filed by the Flo STMENTS, LLC, general Danner's President/Ham		t of State.		
I hereby accept the app comply with the provis	pointment as registered agent an sions of all statutes relative to the an accept the obligations of my	d agree to act in proper and con	iplete perfor <mark>m</mark>	I further agree to ance of my duties,	
Filing Fee: Certified Copy (o	\$35.00				