

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90027 040 *****50.00

DOCUMENT # L00000003931

1. Entity Name

THE BRIGANN COMPANY, L.L.C.

Principal Place of Business

**5108 STONEHURST ROAD
TAMPA FL 33647**

Mailing Address

**5108 STONEHURST ROAD
TAMPA FL 33647**

2. Principal Place of Business

4724 Cheval Blvd
Suite, Apt. #, etc.

3. Mailing Address

4724 Cheval Blvd
Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Lutz FL

4. FEI Number

59-3641484

Applied For

Not Applicable

Zip

33558

Country

USA

Zip

33558

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KENNEDY, JAMES J III
BUCHANAN INGERSOLL P.C.
401 E. JACKSON STREET, SUITE 2500
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

James J Kennedy
Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

1 27 02

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **KENNEDY, JAMES J III**
STREET ADDRESS **5108 STONEHURST RD.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **MGRM** ☐ Delete
NAME **KENNEDY, ANNE M MGR**
STREET ADDRESS **5108 STONEHURST RD.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

James J Kennedy
SIGNATURE REQUIRED

1 27 02

813 222 8185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

0018874