

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90156 050 ****50.00

DOCUMENT # L01000002719																	
1. Entity Name NANCY L. BRAND, LLC																	
Principal Place of Business 133 YORK COURT WEST LONGWOOD FL 32779			Mailing Address P.O. BOX 6220 LONGWOOD FL 32791														
2. Principal Place of Business 24623 Ann St.		3. Mailing Address 1640 Juno Tr.															
Suite, Apt. #, etc.		Suite, Apt. #, etc. 204 G															
City & State ASTOR, FLORIDA		City & State ASTOR															
Zip 32102	Country USA	Zip FLA.	Country														
4. FEI Number 59-3700515			Applied For <input type="checkbox"/> Not Applicable														
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required														
6. Name and Address of Current Registered Agent BRAND, NANCY L 133 YORK COURT WEST LONGWOOD FL 32779			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="2">1640 Juno Tr. 204-A</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2">↓</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="2">ASTOR</td> </tr> <tr> <td style="padding: 2px;">State</td> <td>FL</td> <td>Zip Code 32102</td> </tr> </table>			Name	1640 Juno Tr. 204-A		Street Address (P.O. Box Number is Not Acceptable)	↓		City	ASTOR		State	FL	Zip Code 32102
Name	1640 Juno Tr. 204-A																
Street Address (P.O. Box Number is Not Acceptable)	↓																
City	ASTOR																
State	FL	Zip Code 32102															
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. I am familiar with, and accept the obligations of registered agent. <table style="width:100%;"> <tr> <td style="width:40%;">SIGNATURE: <i>Nancy L. Brand</i></td> <td style="width:20%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width:40%; text-align: right;">DATE: 2/17/2005</td> </tr> </table>						SIGNATURE: <i>Nancy L. Brand</i>	(NOTE: Registered Agent signature required when reinstating)	DATE: 2/17/2005									
SIGNATURE: <i>Nancy L. Brand</i>	(NOTE: Registered Agent signature required when reinstating)	DATE: 2/17/2005															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NANCY L. BRAND, LLC 133 YORK COURT WEST LONGWOOD FL 32779 <i>see above</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>same</i> 24623 Ann St. ASTOR, FLORIDA 32102													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition													
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition													
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: <i>Nancy L. Brand</i>			2/17/05 407-865-3220														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #														