LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APBROYEL

02 HH 12 AMIO: 29

DOCUMENT # L01000011319				02 30L 12 AITIO L3		
1. Entity Name				SEGRETARY OF STATE		
HENDERSON BROTHERS/BRANDON LLC				TATELAHASSEE, FLORIDA		
				•		
DO NOT WRIT	F IN THIS	SPACE				
		OI AOL				
2. Principal Place of Business	3. Mailing Addres	SS.				
10002 PRINCESS PALM AVE	1 7	NCESS PALM	AVE			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE II	N THIS SPACE	
SUITE 336 SUITE 336		5		•		
City & State TAMPA FL TAMPA, FL			4. FEI Nui		Applied	
Zip Country	Zip	Country	59-37	33523	Not App	
33619	33619	Country	5. Certific	ate of Status Desired	\$5.00 Additi	ional
and the second s	Mark series series		7. Na	me and Address of Curr	·	*
	•		Name			,
DO NOT WRITE			LYNCH, PAUL R Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD, SUITE 2800			
		-	City		FL Zip Code	
8. The above named entity submits this staten	nont for the average of		TAMPA		" - 33602	\longrightarrow
5. The above harried entity submits this state.	nent for the purpose of t	alanging its registere	d office of registered at	gent, or both, in the state	oi Fionoa.	ľ
SIGNATURE		•				
Signature, typed or printed name of re	egistered agent and title if a	pplicable.			DATE	_
a ,	(FEE IS \$50	.00	900000	5412009	
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		DUE BY MA	ı, i	米米米 油	**50.00 ****	
	MBERS / MANAGERS	DOE BY MA		****	TOU.UU ****	
TITLE MANAGING MEMBER		TITLE	,	****	*****	
TITLE MANAGING MEMBER NAME HENDERSON BROTHE	ERS, INC.	TITLE NAME		****	**50.00 *****	
TITLE MANAGING MEMBER NAME HENDERSON BROTHE STREET ADDRESS 10002 PRINCESS F	ERS, INC.	TITLE NAME	T ADDRESS	****	**5U.UU *****	
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MANAGING MEMBER MAME MANAGING MEMBER HENDERSON BROTHE 10002 PRINCESS F CITY-ST-ZIP TAMPA, FL 33619 TITLE NAME	ERS, INC.	TITLE NAME STREE CITY-S TITLE NAME	T ADDRESS T-ZIP	****	**50.00 *****	
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and that my signature shall have the same legal effect as if made under oath; that I am a managing member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. manager of the limited liability com SIGNATURE: ## SIGNATURE OF SIGNING NANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #