

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 JUL 12 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011319

1. Entity Name

HENDERSON BROTHERS/BRANDON LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10002 PRINCESS PALM AVE

Suite, Apt. #, etc.

SUITE 336

City & State

TAMPA FL

Zip

33619

Country

3. Mailing Address

10002 PRINCESS PALM AVE

Suite, Apt. #, etc.

SUITE 336

City & State

TAMPA, FL

Zip

33619

Country

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4. FEI Number

59-3733523

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LYNCH, PAUL R

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

101 E. KENNEDY BLVD, SUITE 2800

City

TAMPA

FL

Zip Code

33602

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9000006412009-1

-07/15/02--01081--005

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGING MEMBER

HENDERSON BROTHERS, INC.

10002 PRINCESS PALM AVE

TAMPA, FL 33619

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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IN THIS SPACE

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:

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

Date

Daytime Phone #