

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Nov 10, 2008**  
**Secretary of State**

DOCUMENT# L01000011831

**Entity Name:** BRIANA RESIDUALS, L.L.C.

**Current Principal Place of Business:**

RG SOLOMON ARCADE  
MAIN STREET STE. 11  
CHARLESTON NEVIS, WEST INDIE, XX

**New Principal Place of Business:**

**Current Mailing Address:**

3350 BUSCHWOOD PARK DR STE. 160  
TAMPA, FL 33618

**New Mailing Address:**

8870 N. HIMES AVENUE, SUITE 346  
TAMPA, FL 33614

FEI Number: 01-0566720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OFFSHORE TRUST SERVICES, INC.  
3350 BUSCHWOOD PARK DRIVE STE. 160  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

OFFSHORE TRUST SERVICES, INC.  
8870 N. HIMES AVENUE, SUITE 346  
TAMPA, FL 33614 US

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: DUANE CRITHFIELD

11/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FIRST FIDELITY TRUST, LTD  
Address: RG SOLOMON ARCADE MAIN STREET #11  
City-St-Zip: CHARLESTON NEVIS, WEST INDIE,

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DUANE CRITHFIELD

PRES

11/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date