

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000013438

1. Entity Name  
BRYAN HAMILTON IMPEX, L.L.C.



Principal Place of Business  
9501 U.S. HIGHWAY 98 W.  
DESTIN, FL 32550

Mailing Address  
9501 U.S. HIGHWAY 98 W.  
DESTIN, FL 32550



01252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3738120

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KRUTZ, DEBRA A  
855 INDIGO LOOP N.  
DESTIN, FL 32550

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

*Debra A. Krutz*  
Signature, typed or printed name of registered agent and title if applicable.

*Debra A. Krutz*  
(NOTE: Registered Agent signature required when reinstating)

*2-14-05*  
DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HAMILTON, BRYAN  
9501 U.S. HIGHWAY 98 W.  
DESTIN, FL 32550

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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000000239550  
02/22/05-80051-010 50.00

**DO NOT WRITE  
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)(f), 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: *B. Hamilton*

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

*2-14-05*

Date

Daytime Phone #