

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000018821

1. Entity Name  
EW BRYANT ASSOCIATES, LLC



Principal Place of Business

1882 CAPITAL CIR NE  
105  
TALLAHASSEE, FL 32308

Mailing Address

2715 CHARLESTON ST.  
TALLAHASSEE, FL 32308

**FILED**  
08 FEB -4 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01202008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3753191

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, ELAINE W  
2715 CHARLESTON ST  
TALLAHASSEE, FL 32309

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRYANT, ELAINE W
STREET ADDRESS	1882 CAPITAL CIR NE STE 105
CITY-ST-ZIP	TALLAHASSEE, FL 32308

TITLE	
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900118343989  
02/19/08--01045--001 \*\*138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Elaine W Bryant*