

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90256 029 \*\*\*\*50.00

DOCUMENT # L01000020801

1. Entity Name

BROUNLEY TECHNICAL SERVICES, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5304 Commonwealth Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

4. FEI Number

30-0015280

Applied For

Not Applicable

Zip

34221

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Rick Brounley

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

5304 Commonwealth Rd

City Palmetto

FL

Zip Code

34221

**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.

SIGNATURE

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

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~PRESIDENT~~  
Rick Brounley  
5304 Commonwealth Rd

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Palmetto FL 34221

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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 #

CR2E0838 (12/01)