

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90424 001 ***150.00

DOCUMENT # **LD2000026078**

1. Entity Name

Bryant Holding Group, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1882 Capital Circle NE

3. Mailing Address

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

30-0121071

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Elaine W. Bryant

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

1882 Capital Circle NE #105

City

Tallahassee

FL

Zip Code

32308

**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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

Elaine W. Bryant
1882 Capital Circle NE
Tallahassee, FL 32308

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

Bryant

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

May 1, 2007

Date

Daytime Phone #