


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000005221</b> 1. Entity Name BRIERK, LLC		
Principal Place of Business 1499 VICTORIA ISLE DR. WESTON, FL 33327	Mailing Address PMB 192, 1112 WESTON ROAD WESTON, FL 33326	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PACHECO, ZAIRA 1499 VICTORIA ISLE DR. WESTON, FL 33327		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PACHECO, ZAIRA 1499 VICTORIA ISLE DR. WESTON, FL 33327	
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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: <u><i>Salvador P. de Mendoza</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>04/22/06</u> <u>561-840-8484</u> <small>Date Daytime Phone #</small>



04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
33-1048091

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

000000538061  
05/09/06-80042-019 50.00

**DO NOT WRITE  
IN THIS SPACE**