

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000005336**

1. Entity Name  
**BRITACK CONSTRUCTION, LLC**



Principal Place of Business  
**17750 SW 54TH STREET  
SOUTHWEST RANCHES, FL 33331**

Mailing Address  
**17750 SW 54TH STREET  
SOUTHWEST RANCHES, FL 33331**



01042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4237577**

Applied For  
Not Applicable

5. Certificate of Status Desired

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**\$5.00** Additional  
Fee Required

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

**BRICE, RENEE  
17750 SW 54TH STREET  
SOUTHWEST RANCHES, FL 33331**

**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

*Renee Brice*

**RENEE BRICE - Manager**

**1-10-05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRICE, RENEE 17750 SW 54TH STREET SOUTHWEST RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRICE, RYAN 17750 SW 54TH STREET SOUTHWEST RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANTACK, ANDRE 1375 N.E. 137TH STREET NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/05-80051-004 55.00

**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)(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:**

*Renee Brice* - **RENEE Brice, Manager**

**1-10-05**

**954.252.0468**

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

Date

Daytime Phone #