

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045198

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: BRAZWELL CONCRETE FINISHING, LLC

**Current Principal Place of Business:**

9995 BEULAH ROAD  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

9995 BEULAH ROAD  
PENSACOLA, FL 32526

**New Mailing Address:**

FEI Number: 55-0851932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, KATHLEEN L  
200 OREO DRIVE  
PENSACOLA, FL 32577 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRAZWELL, BILLY  
Address: 9995 BEULAH ROAD  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: BRAZWELL, BEATRICE J  
Address: 9995 BEULAH ROAD  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: BRAZWELL, BILLY JOHN  
Address: 9989 BEULAH ROAD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BILLY BRAZWELL

MGMR

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date