

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000052419**

1. Entity Name  
**CURRIE BROTHERS, LLC**



Principal Place of Business  
**6811 NW 40TH DRIVE  
GAINESVILLE, FL 32653**

Mailing Address  
**6811 NW 40TH DRIVE  
GAINESVILLE, FL 32653**

**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**43-2043361**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

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

**CURRIE, PATRICK  
6811 NW 40TH DRIVE  
GAINESVILLE, FL 32653**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

|                |                       |
|----------------|-----------------------|
| TITLE          | MGR                   |
| NAME           | CURRIE, PATRICK       |
| STREET ADDRESS | 6811 NW 40TH DRIVE    |
| CITY-ST- ZIP   | GAINESVILLE, FL 32653 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST- ZIP   |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
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| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST- ZIP   |                       |

U00000355376  
07/17/08-80003-009 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**7/9/08**

Date

**(352) 262-5067**

Daytime Phone #