

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90089 045 ****50.00

DOCUMENT # L03000056476

1. Entity Name

BRIAN MOND, LLC



Principal Place of Business

3740 SHERRETT DRIVE
SOUTHPORT FL 32409
US

Mailing Address

3740 SHERRETT DRIVE
SOUTHPORT FL 32409
US

2. Principal Place of Business

4321 Quick Ln.
Suite, Apt. #, etc.

3. Mailing Address

4321 Quick Ln.
Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City FL

Zip

32404

Country

U.S.

Zip

32404

Country

U.S.

4. FEI Number

20-0524321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, MICHAEL
2335 E. BALDWIN RD.
PANAMA CITY FL 32405-5801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MOND, BRIAN O
STREET ADDRESS 3740 SHERRETT DR.
CITY-ST-ZIP SOUTHPORT FL 32409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Brian Mond

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

Aug 15 2005 624-3037

Date

Daytime Phone #