

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000006500



1. Entity Name
BRIELLA, LLC

Principal Place of Business 5350 W ATLANTIC AVE 102 DELRAY BEACH FL 33484	Mailing Address 5350 W ATLANTIC AVE 102 DELRAY BEACH FL 33484
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number 72-1562092	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

**MORTON, MICHAEL
5350 W ATLANTIC AVE
SUITE 102
DELRAY BEACH FL 33484**

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MORTON, MICHAEL 5350 W ATLANTIC AVE., #102 DELRAY BEACH FL 33484 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MORTON, BRADLEY 5350 W ATLANTIC AVE., #102 DELRAY BEACH FL 33484 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST MORTON, TOBEY 5350 W ATLANTIC AVE., #102 DELRAY BEACH FL 33484 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 000000746075 05/16/07-80054-021 50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

4/30/07

561 865-9222

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

Date

Daytime Phone #