2005 LIMITED LIABILITY (
ANNUAL REPORT (/

FILED
May 31, 2005 8:00 am
Secretary of State

04-05-2005 90009 018 ****50.00

DOCUMENT # L04000007441

1. Entity Name

MICHAEL D BRISSETTE, LLC

Principal Place of Business	Mailing Address
~~8084 GLENBROOKE LANE~~ ~~SARASOTA FL 34243~~	~~8084 GLENBROOKE LANE~~ ~~SARASOTA FL 34243~~

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
4521 Summer Cove Dr. E		4521 Summer Cove Dr E.	
Suite, Apt. #, etc. Apt. # 531		Suite, Apt. #, etc. Apt # 531	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34243	Country Sarasota	Zip 34243	Country Sarasota

4. FEI Number 03-0537513 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BRISSETTE, MICHAEL D~~
~~8084 GLENBROOKE LANE~~
~~SARASOTA FL 34243~~

Brissette, Michael D.
4521 Summer Cove Drive East # 531
Sarasota FL 34243

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 ______ Typed or printed name of registered agent and title (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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE MGR M NAME Michael D. Brissette STREET ADDRESS 4521 Summer Cove Dr E. #531 CITY-ST-ZIP Sarasota FL 34243	☐ Delete	TITLE Address change NAME 4521 Summer Cove Dr E. # 531 STREET ADDRESS Sarasota FL 34243 CITY-ST-ZIP	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: Michael D. Brissette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #