



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90052 017 \*\*\*\*55.00

DOCUMENT # L04000019189					
1. Entity Name TIMOTHY BRAZELL, LLC					
Principal Place of Business 20490 NW WOODCHOPPER LN ALTHA FL 32421			Mailing Address 20490 NW WOODCHOPPER LN ALTHA FL 32421		
					
2. Principal Place of Business <i>20490 NW Woodchopper Ln</i> <i>Altha FL</i>		3. Mailing Address <i>20490 N.W. Woodchopper Ln</i>		2nd MOORE CR2E083 (5/05)	
City & State <i>Altha FL</i>		City & State <i>Altha FL</i>		4. FEI Number <i>412131124</i>	
Zip <i>32421</i>		Country <i>Caloun</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  BRAZELL, TIMOTHY 20490 NW WOODCHOPPER LN ALTHA FL 32421			7. Name and Address of New Registered Agent Name <i>Timothy Brazell</i> Street Address (P.O. Box Number is Not Acceptable) <i>20490 NW Woodchopper Ln</i> City <i>Altha, FL</i> City <i>Caloun</i> FL Zip Code <i>32421</i>		
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 <i>Timothy Brazell</i> <i>Timothy Brazell</i> 8-29-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 7, 2005</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Carpenter</i> <i>Timothy Brazell</i> <i>Altha, FL Woodchopper Ln</i> <i>32421</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Timothy Brazell</i> <i>Timothy Brazell</i>					