

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90018 004 ****50.00

DOCUMENT # L04000020401

1. Entity Name

A BROTHER'S COMPANY LLC



Principal Place of Business

Mailing Address

~~4300 GULFSTREAM DRIVE~~
~~#2-D~~
NAPLES FL ~~34112~~
US

~~4300 GULFSTREAM DRIVE~~
~~#2-D~~
NAPLES FL ~~34112~~
US

2. Principal Place of Business

3. Mailing Address

3035 64th ST. SW

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES

NAPLES

Zip
FL

Country

34105

Zip

Country

4. FEI Number

20-0948127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UHLICH, ROBERT T
~~4300 GULFSTREAM DRIVE~~
~~#2-D~~
NAPLES FL ~~34112~~

Name

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

3035 64th ST. SW

City

NAPLES

FL

34105

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 date if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
UHLICH, ROBERT T
~~4300 GULFSTREAM DRIVE #2-D~~
NAPLES FL ~~34112~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3035 64th ST. SW
NAPLES, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
UHLICH, DALE M
~~4300 GULFSTREAM DRIVE #2-D~~
NAPLES FL ~~34112~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1801 BRANTLEY Rd. #1501
FT. MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 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]

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

Date

Daytime Phone #

4.12.06 239.595.8675