

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000024781**

1. Entity Name

**BRAIN RESEARCH ADVOCATES INFORMATION NETWORK  
(B.R.A.I.N.), LLC**



Principal Place of Business

**2303 89TH ST. NW  
BRADENTON FL 34209**

Mailing Address

**2303 89TH ST. NW  
BRADENTON FL 34209**



1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

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

**AMOROSO, SALVATORE JR.  
2303 89TH ST. NW  
BRADENTON FL 34209**

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

10. ADDITIONS/CHANGES

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------------|--|---|
| MGR<br>AMOROSO, SALVATORE JR.<br>2303 89TH ST. NW<br>BRADENTON FL 34209 | <input type="checkbox"/>        |  |   |
|   | <input type="checkbox"/>        |  |   |
|   | <input type="checkbox"/>        |  |   |
|   | <input type="checkbox"/>        |  |   |
|   | <input type="checkbox"/>        |  |   |
|   | <input type="checkbox"/>        |  |   |
|   | <input type="checkbox"/>        |  |   |

U00000673253  
03/29/07-80021-012 55.00

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:**

*Salvatore Amoroso Jr.*

3-16-07

941-792-6973

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

Date

Daytime Phone #