2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-27-2007 90200 002 ****50.00

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1. Entity Name
LOYSE B. BRADY, L.L.C.

Principal Place of Business
~~102~~ E 151 AVE 1920 E 151st Ave
LUTZ, FL 33549
Lot 9

Mailing Address
~~2821 GULF CITY RD. LOT~~ 145
~~RUSKIN, FL 33570~~
old

03082007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
		1920 E 151st ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Lot 9	
City & State		City & State Lutz, Fl	
Zip	Country	Zip 33549	Country USA

4. FEI Number ~~34-1898822~~ 65-0094125 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BRADY, LOYSE B
2821 GULF CITY RD. LOT 145
RUSKIN, FL 33570

7. Name and Address of New Registered Agent

Name: Brady, Loyse B
Street Address (P.O. Box Number is Not Acceptable): 1920 E 151st ave. Lot 9
City: Lutz FL Zip Code 33549

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 ✓ Loyse B Brady ✓ 3-12-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRADY, LOYSE B 2821 GULF CITY RD. LOT 145 RUSKIN, FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1920 E 151st avenue Lot 9 Lutz, Fl 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: ✓ Loyse B Brady 3-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #