

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045266

1. Entity Name
COREY L. BROOKS SR. LLC



FILED
05 SEP -1 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 20809
TALLAHASSEE, FL 32316

Mailing Address
P.O. BOX 20809
TALLAHASSEE, FL 32316

BK



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08282005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

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

BROOKS, COREY L SR
~~2802 BOATNER ST.~~
~~TALLAHASSEE, FL 32310~~

Name *Brooks, Corey L. Sr.*

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

3020 Grove St.

City *Tall.*

FL

Zip Code *32301*

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

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BROOKS, COREY L SR
STREET ADDRESS ~~2802 BOATNER ST.~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32310~~

TITLE *MGR* ☒ Change ☐ Addition
NAME *Brooks, Corey L. Sr.*
STREET ADDRESS *3020 Grove St.*
CITY-ST-ZIP *TALL. FLA. 32301*

TITLE MGRM ☐ Delete
NAME BAGLEY, LOTTIE M
STREET ADDRESS ~~2802 BOATNER ST.~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32310~~

TITLE *MGRM* ☒ Change ☐ Addition
NAME *Bagley, Lottie M.*
STREET ADDRESS *3020 Grove St.*
CITY-ST-ZIP *Tall. FLA. 32301*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400059395474
*09/07/05--01033--006 **50.00*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Corey L. Brooks Sr.*

Sept. 1, 2005

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

Date

Daytime Phone #