## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT CUMENT # L04000047630



**FILED** 

☐ Change

☐ Addition

DOCUMENT # L04000047630  1. Entity Name BRUNS & GALLAGHER, LLC					01-28-2008 9	00072 004 ***143	5.75	
Principal Place 1 CREEK COU PALM COAST	JRT	Mailing Address 1 CREEK COURT PALM COAST, FL 3213	7		600043	23		
51821	tace of Business - No P.O. Box # J. OCEANSMOLE GLUD		arbon o	<i>ya</i> ,				
Suite, Apt. 5417e		Suite, Apt. #, etc. 54 / 7 € / 6.	/	0106200	B Chg-LLC	CR2E083 (12/06)		
PACM COAST, FL DICM C		Dity & State COA	ST, FC	4. FEI Nun 20-12	nber 286815	——————————————————————————————————————	oplied For ot Applicable	
3213	77 Country USA	32137	Country USA	5. Certifica	ite of Status Desired	\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent  Name 2				7. Name a	7. Name and Address of New Registered Agent			
BRUNS, BRENTON D			BU.	BRUNS, ERENION				
1 CREEK COURT PALM COAST, FL 32137			102	Street Address (P.Ó. Box Number is Not Acceptable)				
			BU	SUIVEI	61			
			Byjc	m Rass		FL 32	137	
8. The above the obligate SIGNATURE.	names entity submits this statement to icos of registered agent.	The purpose of changing its	registered office or	r registered agent, or	both, in the State of Flo	orida. I am familiar with,	and accept	
	gnature, typed of printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signati	ure required when reinstating)	.,	DATE		
FILE	NOW!!! FEE IS \$138.75		: Registered Agent signat	ure (equired when (einstabrig)		DATE te check payable to a Department of Stat	e	
FILE	NOW!!! FEE IS \$138.75	6	Registered Agent signati	ure required when reinstating)		te check payable to a Department of Stat	e	
FILE After May	MANAGING MEMBE MGRM BRUNS, BRENTON D 1 CREEK COURT	6			ADDITIONS	te check payable to a Department of Stat	Addition	
9. ITILE NAME STREET ADDRESS	MANAGING MEMBE MGRM BRUNS, BRENTON D	RS/MANAGERS	10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREFT ADDRESS	5182 N. O	ADDITIONS	ce check payable to a Department of State  /CHANGES  Change  BLUD, SLID	Addition	
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM BRUNS, BRENTON D 1 CREEK COURT PALM COAST, FL 32137 MGRM GALLAGHER, STEVEN J 20540 BETHELWOOD LANE	RS/MANAGERS	10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREFT ADDRESS	5182 N. O	ADDITIONS,  ADDITIONS,	ce check payable to a Department of State  /CHANGES  Change  BLUD, SLID	□ Addition	
9.  11/LE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM BRUNS, BRENTON D 1 CREEK COURT PALM COAST, FL 32137 MGRM GALLAGHER, STEVEN J 20540 BETHELWOOD LANE	RS/MANAGERS  Delete  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	5182 N. O	ADDITIONS,  ADDITIONS,	ce check payable to a Department of State  CHANGES  Change  Change	☐ Addition	

11. I hereby certify that the information supplied with this filips 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 and 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 and 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 and 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 and 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 and 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

limited liability company or the receiver or trustee and manager of the same required by Chapter 608. Florida Statutes.

SIGNATURE:

| 1-24-08 386-246-9155|