

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L04000061979

1. Entity Name
BRIAN'S MOBILE AUTO COSMETICS LLC.



Principal Place of Business
1330 NE 130TH TERRACE
SILVER SPRINGS, FL 34488 US

Mailing Address
1330 NE 130TH TERRACE
SILVER SPRINGS, FL 34488 US



04032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1491318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTONGUE, BRIAN L
1330 NE 130TH TERRACE
SILVER SPRINGS, FL 34488

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CASTONGUE, RHONDA J
1330 NE 130TH TERRACE
SILVER SPRINGS, FL 34488

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CASTONGUE, BRIAN L
1330 NE 130TH TERRACE
SILVER SPRINGS, FL 34488

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000891951

04/23/08-80046-001 138.75

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IN THIS SPACE**

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:

Brian Castongue

Brian Castongue 4/5/08

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

Date

Daytime Phone #