

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000062910

FILED
Nov 07, 2007
Secretary of State

Entity Name: THE BRYAN COMPANY, LLC

Current Principal Place of Business:

5957 CAYMUS LOOP
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 990
WINDERMERE, FL 34786

New Mailing Address:

5957 CAYMUS LOOP
WINDERMERE, FL 34786

FEI Number: 41-2151321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

G&L AGENT SERVICES, INC.
ATTENTION: PRESIDENT
390 NORTH ORANGE AVENUE, SUITE 600
ORLANDO, FL 32801 US

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.

SIGNATURE: BRYAN R. BOROSKY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: BOROSKY, BRYAN R
Address: P.O. BOX 990
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: BOROSKY, BRYAN R
Address: 5957 CAYMUS LOOP
City-St-Zip: WINDERMERE, FL 34786

Title: PRES () Change (X) Addition
Name: BOROSKY, SARAH
Address: 5957 CAYMUS LOOP
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRYAN BOROSKY

CEO

11/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date