2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90030 016 ****50.00

DOCUMENT # L04000074972

1. Entity Name

BRAD MELLOR, LLC.

Principal Place of Business	Mailing Address
1773 SOUTHWEST VICKIE TERRACE STUART FL 34997	1773 SOUTHWEST VICKIE TERRACE STUART FL 34997

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
1734 SW Diana Ter Suite, Apt. #, etc.	1734 SW Diana Ter Suite, Apt. #, etc.
City & State: Stuart FL	City & State: Stuart FL
Zip: 34997 Country: USA	Zip: 34997 Country: USA

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

MELLOR, BRAD
1773 SOUTHWEST VICKIE TERRACE
STUART FL 34997

7. Name and Address of New Registered Agent

Name: Brad Mellor LLC

Street Address (P.O. Box Number is Not Acceptable): 1734 SW Diana Ter

City: Stuart FL Zip Code: 34997

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: Bradford Mellor 3/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MELLOR, BRAD		NAME	Brad Mellor	
STREET ADDRESS	1773 SOUTHWEST VICKIE TERRACE		STREET ADDRESS	1734 SW Diana Ter	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	Stuart FL 34997	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Bradford Mellor 3/29/05 7722235513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #