

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000078308

1. Entity Name
IRONCLAD BROTHERS, LLC



Principal Place of Business
800 OCALA RD 300-122
TALLAHASSEE, FL 32304

Mailing Address
800 OCALA RD 300-122
TALLAHASSEE, FL 32304

BK

FILED
05 FEB 28 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
57-1214016

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, EWEN
1112 S. MAGNOLIA DR B203
TALLAHASSEE, FL 32301

BK

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ANDERSON, EWEN
STREET ADDRESS 1112 S MAGNOLIA DR B203
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE MGRM ☐ Delete
NAME MEYERS, MALACHI
STREET ADDRESS 800 OCALA RD 300-122
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE MGRM ☐ Delete
NAME ANDERSON, ROBERT
STREET ADDRESS 800 OCALA RD 300-122
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE MGRM ☐ Delete
NAME ANDERSON, MARCEL A DR
STREET ADDRESS 9645 NW 19 PLACE
CITY-ST-ZIP SUNRISE, FL 33322

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:

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

02/27/05

Date

61-716-9066

Daytime Phone #