

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000079919 1. Entity Name BRIANN, LLC	
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Principal Place of Business 5511 HANSEL AVENUE ORLANDO, FL 32809	Mailing Address 5511 HANSEL AVENUE ORLANDO, FL 32809
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04222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1830897	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOOKE, AMY D AMY BEAULIEU 5511 HANSEL AVE ORLANDO, FL 32809

**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.

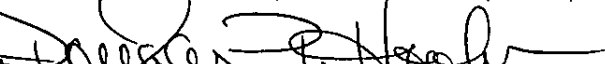
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	000000925507 05/20/08-80073-011 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOKER, DOUGLAS P 5511 HANSEL AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOKER, BRITTAS 5511 HANSEL AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSALL, DOUGLAS 5511 HANSEL AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SECRIST, ROBERT 5511 HANSEL AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	4/24/08 Date	407/851-1519 Daytime Phone #
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