

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008795

Entity Name: BREWPASS, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

154 LAWN AVENUE
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

154 LAWN AVENUE
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 32-0138702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REPASS, DAVID R
1301 RIVERPLACE BOULEVARD
2601
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

REPASS, DAVID R
501 RIVERSIDE AVENUE
901
JACKSONVILLE, FL 32202 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REPASS, DAVID R
Address: 1301 RIVERPLACE BOULEVARD, SUITE 2601
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: KILLEBREW, JESSE A
Address: 154 LAWN AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REPASS, DAVID R
Address: 501 RIVERSIDE AVENUE, SUITE 901
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID R. REPASS

MGRM

04/23/2009

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