2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE AND TY

FILED Apr 06, 2007 08:00 Al Secretary of State DOCUMENT # L05000028561 1. Entity Name JIM BRANTLEY MASONRY, LLC Principal Place of Business Mailing Address 3198 OAK LANE 3198 OAK LANE EDGEWATER FL 32132 **EDGEWATER FL 32132** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & Stato City & State 4. FEI Number Applied For 20-2460378 Not Applicable Zip Country Zıp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANTLEY, JOYCE W Street Address (P.O. Box Number is Not Acceptable) 3198 OAK LANE EDGEWATER, FL FL 32132 City 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ипг ☐ Delete HHEF Change Addition **MGRM** NAME BRANTLEY, JAMES E NAME U00000694364 04/17/07-80016-009 50.00 STRLL LADDRESS STREET ADDRESS 3198 OAK LANE CITY-ST-719 **EDGEWATER FL 32132** CITY-ST-ZIP вин. ☐ Delete MGRM 111114 Change Addition NAME BRANTLEY, JOYCE W NAM STREET ADDRESS STREET ADDRESS 3198 OAK LANE CITY-SI-ZIP **EDGEWATER FL 32132** CHY-ST-ZIP THE ☐ Detete THEF ☐ Chapge ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-ST-7P TITLE ☐ Delete TITLE Ti Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STRILL ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP шп ☐ Delete Change Addition NAME. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-7IP 11. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath, 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.

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #