

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042670

FILED
Mar 19, 2009
Secretary of State

Entity Name: BRATCHER CONSTRUCTION, LLC

Current Principal Place of Business:

794 COUNTY ROAD 78
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1049
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 68-0606405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRATCHER, ROCKY D
Address: P.O. BOX 1049
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM () Delete
Name: BRATCHER, SUSAN P
Address: P.O. BOX 1049
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM () Delete
Name: BRATCHER, JUSTIN D
Address: P.O. BOX 1049
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM () Delete
Name: BRATCHER, ANDREW S
Address: P.O. BOX 1049
City-St-Zip: LABELLE, FL 33975 US

Title: MGR () Delete
Name: CASTER, DAVID
Address: 4400 FT. DEMAUD RD.
City-St-Zip: LABELLE, FL 33935 US

ADDITIONS/CHANGES:

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

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

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

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Name:
Address:
City-St-Zip:

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: SUSAN P BRATCHER

MGRM

03/19/2009

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