2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000072999



Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90040 026 ***138.75 1. Entity Name BRUĆE & BRAD, LLC Principal Place of Business Mailing Address 60029901 11731 NW 23RD STREET 11731 NW 23RD STREET PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State Ctry & State 20-3200381 Not Applicable Zip Country Zip 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 GOODE, LOWELL M 6330 SW 41 COURT DAVIE, FL 33314. 300 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 the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Change ☐ Addition TITLE ☐ Delete TITLE YAROCK, BRUCE NAME NAME STREET ADDRESS 11731 NW 23RD STREET STREET ADDRESS PEMBROKE PINES, FL 33026 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME LAUER, BRADLEY NAME STREET ADDRESS 6690 STERLING LANE STREET ADDRESS CITY-ST-7IP LAKE WORTH, FL 33467 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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, MANAGER, OR AUTHORIZED REPRESENTATIVE