

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086205

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** BARROWS, WILSON & BRYANT, LLC

**Current Principal Place of Business:**

902 SAGO PALM WAY  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

902 SAGO PALM WAY  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, ROBERT W  
902 SAGO PALM WAY  
APOLLO BEACH, FL 33572 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  
Name: BARROWS, STEVEN P  
Address: 16910 EQUESTRIAN TRAIL  
City-St-Zip: ODESSA, FL 33556

Title: MGR  
Name: BRYANT, BEVERLY  
Address: 11001 FT. KING ROAD  
City-St-Zip: DADE CITY, FL 33525

I hereby 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: ROBERT W. WILSON

RA

01/11/2010

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