2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000091789

111 SOUTH MELVILLE AVE., #4

TAMPA, FL 33606

Address:

City-St-Zip:

Entity Name: BRANNISON LLC

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
21821 6TH AVE. N. ST. PETERSBURG, FL 33713		2821 6TH AVE. N. ST. PETERSBURG,	FL 33713	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
21821 6TH AVE. N. ST. PETERSBURG, FL 33713		150M	695 CENTRAL AVENUE 150M ST. PETERSBURG, FL 33701	
In accordan	: 20-3544997 FEI Number Applied For() I ce with s. 607.193(2)(b), F.S., the limited liability compa I Address of Current Registered Agent:	FEI Number Not Applicable() ny did not receive the prior notio	Certificate of Status Desired ()	
SPIEGEL 8	& UTRERA, P.A.			
1840 SW 2 4TH FLOC MIAMI, FL				
	named entity submits this statement for the purple of Florida.	oose of changing its register	ed office or registered agent, or both	
SIGNATUI	RE: JOEL SPIEGEL			
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete LEWIS, TIFFANY 111 SOUTH MELVILLE AVE., #4 TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete HENRY, SUZANNE 111 SOUTH MELVILLE AVE., #4 TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete HENRY, SUZANNE 111 SOUTH MELVILLE AVE., #4 TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () Delete	Title: Name	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: TIFFANY LEWIS MGR 04/10/2007