

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108545

Entity Name: B.R. ETTEROFF, LLC

FILED
Apr 02, 2008
Secretary of State

Current Principal Place of Business:

6407 GEORGIA AVENUE
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

6407 GEORGIA AVENUE
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 01-0849432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAC MAHON, DERMOT P
1860 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

LAMPI, DIANE
6407 GEORGIA AVENUE
WEST PALM BEACH, FL 33405 US

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: DIANE LAMPI

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAMPI, DIANE
Address: 7205 PINE TREE LANE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MGRM () Delete
Name: LAMPI, RONALD R
Address: 7205 PINE TREE LANE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAMPI, DIANE
Address: 6407 GEORGIA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM (X) Change () Addition
Name: LAMPI, RONALD R
Address: 6407 GEORGIA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33405

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: DIANE LAMPI

MGRM

04/02/2008

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