

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90124 027 ****50.00

DOCUMENT # L06000003737

1. Entity Name

BROOKE, LLC



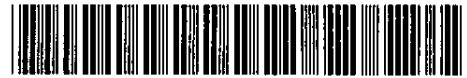
Principal Place of Business

P.O. BOX 9061
MIRAMAR BEACH FL 32550
US

Mailing Address

P.O. BOX 9061
MIRAMAR BEACH FL 32550
US

61



2. Principal Place of Business - No P.O. Box #

4421 E. Commons

3. Mailing Address

Suite, Apt. #, etc.

Ste B-104

City & State

Destin, FL

Zip

32541

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-4091970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLEASON, TROY D'OWNER
74 COLONY PARK DRIVE
MIRAMAR BEACH FL 32550

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 with, and accept the obligations of registered agent.

SIGNATURE

Troy D'Owner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GLEASON, STEPHANIE F OWNER
STREET ADDRESS P.O. BOX 9061
CITY ST ZIP MIRAMAR BEACH FL 32550

TITLE MGRM ☐ Delete
NAME GLEASON, TROY D OWNER
STREET ADDRESS P.O. BOX 9061
CITY ST ZIP MIRAMAR BEACH FL 32550

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Troy D'Owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/15/07

Date

850-654-0042

Daytime Phone #