

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000004976

FILED  
Oct 26, 2008  
Secretary of State

Entity Name: BRUDER LLC

**Current Principal Place of Business:**

4070-9 HERSCHEL ST  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4070-9 HERSCHEL ST  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 04-3840208      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KUEHNER, GARY M  
1108 BRIERFIELD DR  
JACKSONVILLE, FL 32205      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: GARY KUEHNER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KUEHNER, GARY M  
Address: 1108 BRIERFIELD DR  
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM ( ) Delete  
Name: WATKINS, JUSTIN D  
Address: 2812 LYDIA ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM ( ) Delete  
Name: WITT, DAVID D  
Address: 2310 WOODRIDGE RD  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: WITT, DAVID D  
Address: 2903 POST ST  
City-St-Zip: JACKSONVILLE, FL 32205

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: DAVID WITT

MR.

10/26/2008

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