

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012878

FILED
May 20, 2009
Secretary of State

Entity Name: BRAVE INDUSTRIAL SOLUTIONS LLC

Current Principal Place of Business:

12545 LAKE DENISE BLVD.
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

6400 SAIL POINTE LN.
HIXSON, TN 37343

New Mailing Address:

FEI Number: 20-4253514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

LOWERY, DAVIS
12545 LAKE DENISE BLVD.
CLERMONT, FL 34711 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOWERY, DAVIS
Address: 12545 LAKE DENISE BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: LOWERY, NOELLE
Address: 12545 LAKE DENISE BLVD.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOWERY, DAVIS
Address: 6400 SAIL POINTE LN
City-St-Zip: HIXSON, TN 37343

Title: MGRM (X) Change () Addition
Name: LOWERY, NOELLE
Address: 6400 SAIL POINTE LN.
City-St-Zip: HIXSON, TN 37343

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: NOELLE LOWERY

MGRM

05/20/2009

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