

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90206 001 \*\*\*971.25

**30005847**



<b>DOCUMENT # L06000034380</b> 1. Entity Name <b>BRIGHTON &amp; BANGOR, LLC</b>					
Principal Place of Business <b>1651 #1 CAPE HOPE AVENUE NE. ST. PETERSBURG, FL 33702</b>			Mailing Address <b>1651 #1 CAPE HOPE AVENUE NE. ST. PETERSBURG, FL 33702</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>87-0772240</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHNSON, JAMES E II ESQ BRIAN E. JOHNSON, P.A. 7190 SEMINOLE BLVD. SEMINOLE, FL 33772</b>			7. Name and Address of New Registered Agent Name <b>Robert E. Gray, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1651 #1 Cape Hope Ave. NE</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33702</b>		
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 <u><i>Robert Gray</i></u> DATE <u><b>4/29/08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, ROBERT EDWARD JR.		NAME		
STREET ADDRESS	118 BRIGHTON WAY		STREET ADDRESS		
CITY-ST-ZIP	MERRICK, NY 11566		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, JOHN E		NAME		
STREET ADDRESS	69 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE CENTRE, NY 11570		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOELFEL, JOHN D		NAME		
STREET ADDRESS	3 BANGOR STREET		STREET ADDRESS		
CITY-ST-ZIP	LINDENHURST, NY 11757		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOELFEL, JOAN T		NAME		
STREET ADDRESS	3 BANGOR STREET		STREET ADDRESS		
CITY-ST-ZIP	LINDENHURST, NY 11757		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u><i>Robert Gray</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u><b>4/29/08</b></u> <small>Date</small>		
			<small>Daytime Phone #</small>		