## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L06000053070** 

1. Entity Name

BRANDON FAMILY LAW CENTER, LLC



FILED Jan 25, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

619 E. LUMSDEN RD. BRANDON, FL 33511 619 E. LUMSDEN RD. BRANDON, FL 33511



01082008No Chg-LLC

CR2E083 (12/07)

| 4. FEI Number                    | Applied For                       |
|----------------------------------|-----------------------------------|
| 02-0778933                       | Not Applicable                    |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

GREENWOOD, MARY L ESQ. 619 E. LUMSDEN RD. BRANDON, FL 33511

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| the obligati   |   | Sx   | 1-15-08                                   |  |  |
|--|---|--|---|--|--|
| SIGNATURE  | Signature, lybed or praced hame of registered agent and talle if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE                                      |  |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   |  |   |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM GREENWOOD, MARY L ESQ. 619 E. LUMSDEN RD. BRANDON, FL 33511            |  | 000000797816<br>01/30/08-80004-005 138.75 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  | •   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | DO   | NOT WRITE                                 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | IN '   | THIS SPACE                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |  |  |

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

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