

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092243

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: LAQUERRE BROTHERS, LLC

## Current Principal Place of Business:

13453 SYDNEY ROAD  
VALRICO, FL 33594

## New Principal Place of Business:

1408 CROOKED STICK DR  
VALRICO, FL 33596

## Current Mailing Address:

13453 SYDNEY ROAD  
VALRICO, FL 33594

## New Mailing Address:

1408 CROOKED STICK DR  
VALRICO, FL 33596

FEI Number: 20-5570629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAQUERRE, CRAIG  
13453 SYDNEY ROAD  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

LAQUERRE, CRAIG  
1408 CROOKED STICK  
VALRICO, FL 33594 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:

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LAQUERRE, CRAIG  
Address: 13453 SYDNEY ROAD  
City-St-Zip: VALRICO, FL 33594

Title: MGR ( ) Delete  
Name: LAQUERRE, MICHAEL S  
Address: 13453 SYDNEY ROAD  
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete  
Name: LAQUERRE, MICHAEL S  
Address: 13453 SYDNEY ROAD  
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete  
Name: LAQUERRE, CRAIG  
Address: 13453 SYDNEY ROAD  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: LAQUERRE, MICHAEL S  
Address: 1408 CROOKED STICK DR  
City-St-Zip: VALRICO, FL 33596

Title: S (X) Change ( ) Addition  
Name: LAQUERRE, MICHAEL S  
Address: 1408 CROOKED STICK DR  
City-St-Zip: VALRICO, FL 33596

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

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: MICHAEL LAQUERRE

S

04/30/2008

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