## May 02, 2008 8:00 am Secretary of State 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 05-02-2008 90017 015 \*\*\*138.75 DOCUMENT # L06000093125 BRANDT BOBIER CONSTRUCTION, LLC 60038086 Principal Place of Business Mailing Address 3412 BAY TO BAY BLVD. 3412 BAY TO BAY BLVD. TAMPA, FL 33629 **TAMPA, FL 33629** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 56-2423222 Not Applicable Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LITTLE, THOMAS M ESQ Street Address (P.O. Box Number is Not Acceptable) 100 N. TAMPA STREET 2700 TAMPA, FL 33601 City Zip Code 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 Synature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Deleta TITLE ☐ Chance ☐ Addition **BRANDT, CHARLES** NAME MAME STREET ADDRESS 3412 BAY TO BAY BLVD. STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33629** CITY-ST-7IP MGRM ☐ Delete TITLE ☐ Change Addition BOBIER, JAY NAME NAME 3412 BAY TO BAY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33629** CITY-ST-ZIP ☐ Deleta TITLE TITLE Cusude ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defeta TITLE TITLE Ctrange Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Rorida 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 cath; 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.

**FILED** 

CHARLES B BRANDT

SIGNATURE AND TYPED OR PRINTED MANE OF GIORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: