2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000100977

1. Entity Name BRACE LLC



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1301 WEST GOVERNMENT STREET PENSACOLA, FL 32501

1301 WEST GOVERNMENT STREET PENSACOLA, FL 32501



03032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4815891

Applied For Not Applicable

5. Certificate of Status Desired

rQ/

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOTT, PATRICIA D 25 WEST CEDAR STREET, STE 500 PENSACOLA, FL 32502

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The above	e named entity submits this state	ement for the purpose of changing	g its registered office or registe	ered agent, or both, in the State (of Florida. I am familiar with, and accept
the oblig	ations of registered agent.				

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE_Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000920318 05/14/08-80039-007 143.75

9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER				
STREET ADDRESS	1301 WEST GOVERNMENT STREET				
CITY - ST - ZIP	PENSACOLA, FL 32501				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the ex					

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IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4-21-08

Daylima Phone #