

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED

Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000101181

1. Entity Name

BROOKLYN PETRO COMPANY, LLC



Principal Place of Business

**2520 BROADWAY STREET
RIVIERA BEACH FL 33404**

Mailing Address

**5130 GREENWICH PRESERVE COURT
BOYNTON BEACH FL 33436
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-5728237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KERN, KEITH D ESQ.
50 SE 4TH AVENUE
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
COLUMBIA, CARL
STREET ADDRESS **2520 BROADWAY STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Delete
NAME **MGRM**
COLUMBIA, LINDA
STREET ADDRESS **2520 BROADWAY STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Delete
NAME **MGRM**
MARTORANO, CHRISTOPHER
STREET ADDRESS **2520 BROADWAY STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Delete
NAME **MGRM**
MARTORANO, JOCELYN
STREET ADDRESS **2520 BROADWAY STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U000000826521**
CITY-ST-ZIP **02/21/08-80052-013 138.75**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carl Columbia* **CARL COLUMBIA**

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

2/11/08 561-848-6466

Date

Daytime Phone #