


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90084 009 \*\*\*138.75

<b>DOCUMENT # L06000101378</b> 1. Entity Name <b>BREXCEL, L.L.C.</b>					
Principal Place of Business <b>10256 N.W. 47TH STREET SUNRISE, FL 33351</b>			Mailing Address <b>10256 N.W. 47TH STREET SUNRISE, FL 33351</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-5754815</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				02132008    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name <b>GIANCARLO BREGANTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>10256 NW 47 Street</b> City <b>SUNRISE</b> FL      Zip Code <b>33351</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BREGANTE, GIANCARLO 10256 N.W. 47TH STREET SUNRISE, FL 33351</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <i>[Signature]</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<b>3-11-2008</b> Date      Daytime Phone # <b>754 246 6064</b>		