

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103402

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BRIANS SERVICE CENTER, LLC

## Current Principal Place of Business:

4340 AVALON BLVD.  
MILTON, FL 32583

## New Principal Place of Business:

7092 HIGHWAY 90  
MILTON, FL 32583

## Current Mailing Address:

4340 AVALON BLVD.  
MILTON, FL 32583

## New Mailing Address:

7092 HIGHWAY 90  
MILTON, FL 32583

FEI Number: 06-1798372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SIMIONE, BRIAN  
4340 AVALON BLVD.  
MILTON, FL 32583 US

## Name and Address of New Registered Agent:

SIMIONE, BRIAN  
7092 HIGHWAY 90  
MILTON, FL 32583 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: MGRM ( ) Delete  
Name: SIMIONE, BRIAN  
Address: 4340 AVALON BLVD.  
City-St-Zip: MILTON, FL 32583

Title: MGRM ( ) Delete  
Name: TAYLOR, BRIAN S  
Address: 4340 AVALON BLVD  
City-St-Zip: MILTON, FL 32583

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SIMIONE, BRIAN  
Address: 7092 HIGHWAY 90  
City-St-Zip: MILTON, FL 32583

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR, BRIAN S  
Address: 7092 HIGHWAY 90  
City-St-Zip: MILTON, FL 32583

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: BRIAN SIMIONE

MGRM

04/30/2008

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