

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115451

FILED
Apr 07, 2009
Secretary of State

Entity Name: BRITE WAY SIGNS & GRAPHICS LLC

Current Principal Place of Business:

4025 46TH AVE. NORTH LOT#4
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60276
ST. PETERSBURG, FL 337840276

New Mailing Address:

FEI Number: 75-3226599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, VIRGINIA
4025 46TH AVE. NORTH LOT#4
ST. PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLEMING, VIRGINIA
Address: 4025 46TH AVE. NORTH LOT#4
City-St-Zip: ST. PETERSBURG, FL 33714

Title: MGRM () Delete
Name: FLEMING, JOHN H
Address: 4025 46TH AVE. NORTH LOT#4
City-St-Zip: ST. PETERSBURG, FL 33714

Title: MGRM () Delete
Name: FLEMING, MICHAEL F
Address: 4025 46TH AVE. NORTH LOT#4
City-St-Zip: ST. PETERSBURG, FL 33714

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIRGINIA FLEMING

MMM

04/07/2009

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