

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000118094

**FILED**  
**Jul 30, 2009**  
**Secretary of State****Entity Name:** BRECK ENTERPRISES, LLC**Current Principal Place of Business:**6204 DELEON AVENUE  
FORT PIERCE, FL 34951**New Principal Place of Business:**1965 SE ANCORA COURT  
PORT ST LUCIE, FL 34952**Current Mailing Address:**6204 DELEON AVENUE  
FORT PIERCE, FL 34951**New Mailing Address:**1965 SE ANCORA COURT  
PORT ST LUCIE, FL 34952**FEI Number:** 20-5987071**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HEMMINGER, WARREN  
6204 DELEON AVENUE  
FORT PIERCE, FL 34951 US**Name and Address of New Registered Agent:**HEMMINGER, RENAE  
1965 SE ANCORA COURT  
PORT ST LUCIE, FL 34952 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: RENAE HEMMINGER

07/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** HEMMINGER, WARREN  
**Address:** 6204 DELEON AVENUE  
**City-St-Zip:** FORT PIERCE, FL 34951**Title:** MGR ( ) Delete  
**Name:** HEMMINGER, RENAE  
**Address:** 6204 DELEON AVENUE  
**City-St-Zip:** FORT PIERCE, FL 34951**Title:** MGR (X) Delete  
**Name:** KALLIO, ERIN  
**Address:** 832 SW TROUVILLE ST  
**City-St-Zip:** PORT ST. LUCIE, FL 34957**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** HEMMINGER, RENAE  
**Address:** 1965 SE ANCORA CT  
**City-St-Zip:** PORT ST LUCIE, FL 34952**Title:** MGR (X) Change ( ) Addition  
**Name:** KALLIO, ERIN  
**Address:** 832 SW TROUVILLE ST  
**City-St-Zip:** PORT ST LUCIE, FL 34957**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: RENAE HEMMINGER

MGMR

07/30/2009

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