

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000025697

Entity Name: BRK ENTERPRISES, LLC

FILED
Nov 04, 2008
Secretary of State

Current Principal Place of Business:

12339 LAWSON CREEK DR.
JACKSONVILLE, FL 32218

New Principal Place of Business:

3890 DUNN AVE
903
JACKSONVILLE, FL 32218

Current Mailing Address:

12339 LAWSON CREEK DR.
JACKSONVILLE, FL 32218

New Mailing Address:

3890 DUNN AVE
903
JACKSONVILLE, FL 32218

FEI Number: 26-0681042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ORSBORN, KAHLIL
8291 DAMES POINT CROSSING BLVD, APT 1311
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

ORSBORN, KAHLIL
12339 LAWSON CREEK DRIVE
JACKSONVILLE, FL 32218 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: KHALIL ORSBORN

11/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ORSBORN, KAHLIL
Address: 8291 DAMES POINT CROSSING BLVD, APT 1311
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ORSBORN, KAHLIL
Address: 12339 LAWSON CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

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: KHALIL ORSBORN

MEMB

11/04/2008

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