2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED 3. Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # L07000026181 1. Entity Name IFBRO, LLC						03-20-20	-		**143.75
Principal Place of Business 2130 19TH STREET SW NAPLES, FL 34117		Mailing Address 2130 19TH STREET SW NAPLES, FL 34117							
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092008 Chg-LLC CR2E083 (12/06)				
City & State		City & State		4. FEI Numb	er			oplied For of Applicable:	
Zip	Country Zip Cou		Count	ry	5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
BROOKS, DONNIE L			1	Street Address (P.O. Bax Number is Not Acceptable)					
2130 1916 NAPLES, I	1 STREET SW FL 34117	Strong valuess			F.D. Bux Number is Not Acceptable)				
			}	City			FL	Zip Code	в
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 Signature, typoid or privided nervis of impulsioned agoral and late if appaicable. (INOTE: Registered Agent algorature required when rematating) DATE									
	: NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.78				Make check payable to Florida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	CHANGES		
THLE .	MGR	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS	BROOKS, DONNIE L 2130 19TH STREET SW		name Stree	T ADORESS					
CTTY-51-70P	NAPLES, FL 34117	·····	- 	ST-29P					
TITLE	·	☐ Delete	TITLE	ı				☐ Change	☐ Addition
STREET ADDRESS	# # # # # # # # # # # # # # # # # # #			T ADDRESS					
CITY-ST-ZIP		Delete	TITLE	ST-ZIP				☐ Change	Addition
NAME		□ Ueate	NAME						
STREET ADDRESS CITY-ST-ZIP				T ADOMESS ST-ZIP					ļ
TITLE		☐ Delete	III/E		, , , , , , , , , , , , , , , , , , , 	·		Change	☐ Addition
HAME PROPERTY			NAME	i					1
STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-78P					
TITLE		☐ Delete	IIILE					Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP			1	ST-ZEP					
TITLE		☐ Delete	TITLE					Change	☐ Addition
MAAIE STREET ADDRESS				T ADDRESS					
CITY-ST-ZEP			_	ST-20P					
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 employered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 39-825-1767									
SIGNAT	TURE: Voma	Shool	beg.	ř	3-1	12-08	239.	825-	-1767
	SIGNATURE AND TYPED ON PRINTED HAVE OF	ESCHING MANAGING MEMBER, MAN	LAGER, OR	ALTIHORISED PETRESED	NTATIVE	Dete	De	ytma Phone #	-