

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031928

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: BRILLIANT COMMERCIAL HOLDINGS, LLC

**Current Principal Place of Business:**

9104 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9104 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 26-2377860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLS, NANCY C  
9104 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

KOPPENHAFFER, MICHAEL S  
9104 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256 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: MIKE KOPPENHAFFER

03/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KOPPENHAFFER, MIKE  
Address: 9104 CYPRESS GREEN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete  
Name: MILLS, NANCY C  
Address: 9104 CYPRESS GREEN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

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: MIKE KOPPENHAFFER

MGR

03/21/2009

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