

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000042882

1. Entity Name
BRIAN'S SUNROOMS LLC



Principal Place of Business
440 EAST PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34983

Mailing Address
440 EAST PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34983

2. Principal Place of Business - No P.O. Box #
8735 SE SANDY LAKE
Suite, Apt. #, etc.

3. Mailing Address
8735 SE SANDY LAKE
Suite, Apt. #, etc.

City & State
HOBE SOUND FL
Zip 33455 Country USA

City & State
HOBE SOUND FL
Zip 33455 Country USA

06122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3963610

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name BRIAN MCDANIEL
Street Address (P.O. Box Number is Not Acceptable)
8735 SE SANDY LAKE
City HOBE SOUND FL Zip Code 33455

8. 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 *Brian McDaniel*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME MCDANIEL, BRIAN
STREET ADDRESS 440 EAST PRIMA VISTA BLVD.
CITY-ST-ZIP PORT ST. LUCIE, FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 8735 SE SANDY LAKE
CITY-ST-ZIP HOBE SOUND FL 33455 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP L. SELLERS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP SEP 18 2008 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP EXAMINED ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 800136160598
09/19/08--01048--004 **138.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Brian McDaniel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

08 SEP 17 AM 8:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

