


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/6/2008-90030-001-\$538.75-\$538.75

DOCUMENT # L07000053109 1. Entity Name FLETCHER BROTHERS LLC						FILED 08 SEP 22 AM 10: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O ALAN E. DAVIS, ESQ. 99 WOOD AVE. SOUTH, METRO CORP. CAMPUS ONE ISELIN, NJ 08830-2712				Mailing Address C/O ALAN E. DAVIS, ESQ. 99 WOOD AVE. SOUTH, METRO CORP. CAMPUS ONE ISELIN, NJ 08830-2712			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)</small>							
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008				Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLETCHER, JOHN J 99 WOOD AVE. SOUTH, 4TH FLOOR ISELIN, NJ 08830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLETCHER, ROBERT W 99 WOOD AVE. SOUTH, 4TH FLOOR ISELIN, NJ 08830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLETCHER, THOMAS J 99 WOOD AVE. SOUTH, 4TH FLOOR ISELIN, NJ 08830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; margin-top: 10px;">no 9/22</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLETCHER, THOMAS J 99 WOOD AVE. SOUTH, 4TH FLOOR ISELIN, NJ 08830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLETCHER, EDWARD T 99 WOOD AVE. SOUTH, 4TH FLOOR ISELIN, NJ 08830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date: 7/31/08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			