

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053109

FILED
Jun 25, 2009
Secretary of State

Entity Name: FLETCHER BROTHERS LLC

Current Principal Place of Business:

C/O ALAN E. DAVIS, ESQ.
99 WOOD AVE. SOUTH, METRO CORP. CAMPUS ONE
ISELIN, NJ 088302712

New Principal Place of Business:

Current Mailing Address:

C/O ALAN E. DAVIS, ESQ.
99 WOOD AVE. SOUTH, METRO CORP. CAMPUS ONE
ISELIN, NJ 088302712

New Mailing Address:

T.M. VITALE & ASSOCIATES
900 HIGHWAY 71, SUITE 1
SPRING LAKE HEIGHTS, NJ 07762

FEI Number: 26-0266059 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLETCHER, JOHN J
Address: 99 WOOD AVE. SOUTH, 4TH FLOOR
City-St-Zip: ISELIN, NJ 08830

Title: MGRM () Delete
Name: FLETCHER, ROBERT W
Address: 99 WOOD AVE. SOUTH, 4TH FLOOR
City-St-Zip: ISELIN, NJ 08830

Title: MGRM () Delete
Name: FLETCHER, THOMAS J
Address: 99 WOOD AVE. SOUTH, 4TH FLOOR
City-St-Zip: ISELIN, NJ 08830

Title: MGRM () Delete
Name: FLETCHER, THOMAS J
Address: 99 WOOD AVE. SOUTH, 4TH FLOOR
City-St-Zip: ISELIN, NJ 08830

Title: MGRM () Delete
Name: FLETCHER, EDWARD T
Address: 99 WOOD AVE. SOUTH, 4TH FLOOR
City-St-Zip: ISELIN, NJ 08830

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT FLETCHER

MGRM

06/25/2009

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