

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000053109

Entity Name: FLETCHER BROTHERS LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**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:**

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

**New Mailing Address:**

FEI Number: 26-0266059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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  
Name: FLETCHER, JOHN J  
Address: 99 WOOD AVE. SOUTH, 4TH FLOOR  
City-St-Zip: ISELIN, NJ 08830

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

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

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

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

I hereby 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: TEDD VITALE

MR.

01/05/2012

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