


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-28-2008 90028 004 ***138.75

30008736

DOCUMENT # L07000062684			
1. Entity Name BRENTMOORE, LLC			
Principal Place of Business 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901		Mailing Address 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901	
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
4. FID Number <i>Applied for</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Declared <input type="checkbox"/>		\$5.00 Additional Fee Required	



03182008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent PEZZEMINTI, ALEXANDER 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEZZEMINTI, ALEXANDER			NAME			
STREET ADDRESS	432 SOUTH BABCOCK STREET			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32901			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: 

3/21/08 321-722-5033

SIGNATURE AND TITLE OF PARTNER, OWNER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #