

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076925

FILED
Mar 08, 2009
Secretary of State

Entity Name: BRO-COR LLC

Current Principal Place of Business:

843 CYPRESS PKY
#342
KISSIMMEE, FL 34759

New Principal Place of Business:

Current Mailing Address:

843 CYPRESS PKY
#342
KISSIMMEE, FL 34759

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INGELSBY, MICHAEL R
843 CYPRESS PKY
#342
KISSIMMEE, FL 34759 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: INGELSBY, MICHAEL R
Address: 843 CYPRESS PKY #342
City-St-Zip: KISSIMMEE, FL 34759

Title: MGR () Delete
Name: INGELSBY, AIMEE
Address: 843 CYPRESS PKY #342
City-St-Zip: KISSIMMEE, FL 34759

Title: MGR () Delete
Name: VALDEZ, CHRIS
Address: 843 CYPRESS PKY #342
City-St-Zip: KISSIMMEE, FL 34759

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:

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: MICHAEL R. INGELSBY

MGRM

03/08/2009

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