2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L07000085191

Entity Name: BRIMARK, LLC

Current Principal Place of Business:

23 SOUTH OSCEOLA AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

205 SOUTH EOLA DRIVE, SUITE C
ORLANDO, FL 32801

Current Mailing Address:

23 SOUTH OSCEOLA AVE
ORLANDO, FL 32801

New Mailing Address:

205 SOUTH EOLA DRIVE, SUITE C
ORLANDO, FL 32801

FEI Number: 26-0750765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANGELO, MARK
23 SOUTH OSCEOLA AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

ANGELO, MARK
205 S. EOLA DRIVE
SUITE C
ORLANDO, FL 32801 US

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: MARK ANGELO 03/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANGELO, MARK R
Address: 23 SOUTH OSCEOLA AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ANGELO, MARK R
Address: 205 SOUTH EOLA DRIVE, SUITE C
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Change (X) Addition
Name: ANGELO, LISA
Address: 205 SOUTH EOLA DRIVE, SUITE C
City-St-Zip: ORLANDO, FL 32801

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: MARK ANGELO MGR 03/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date