2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
01-16-2008 90053 005 ***143.75

DOCUMENT # L07000089478

1. Entity Name
B & R WAREHOUSES LLC

Principal Place of Business	Mailing Address
714 US 27 SOUTH LAKE PLACID, FL 33852 US	714 US 27 SOUTH LAKE PLACID, FL 33852 US

30000011

01102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
722 US 27 SOUTH	722 US 27 SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE PLACID Fl	City & State: LAKE PLACID Fl
Zip: 33852 Country: HIGHLANDS	Zip: 33852 Country: HIGHLANDS

4. FEI Number: 26-0819674 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLSON, ALEJANDRA 714 US 27 SOUTH LAKE PLACID, FL 33852	Name: Street Address (P.O. Box Number is Not Acceptable): 722 US 27 SOUTH 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: [signature] DATE: 1/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR OLSON, ALEJANDRA 714 US 27 SOUTH LAKE PLACID, FL 33852 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1/10/08 (863)465-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

143.75