## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #L07000098569

## **FILED** Apr 04, 2008 8:00 am Secretary of State 03-14-2008 90204 007 \*\*\*138.75

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1. Entity Nam BRANFOI	₽ RD ROAD ENTERPRISE, L									
Principal Place of Business Mailing Address  153 NE MADISON STREET POST OFFICE BOX 1653  LAKE CITY, FL 32055 US LAKE CITY, FL 32056-1653				ds.	L 1870 (1811 II			)3295		
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008	Chg-LLC	CR2E08	3 (12/06)			
City & State	9	City & State			Applied For     Not Applicable					
Zip	Country	Zip	lry	5. Certificat	5. Certificate of Status Desired					
5. Name and Address of Current Registered Agent				Name	7. Name an	d Address of New R	egistered A	gent		
FEAGLE, MARLIN M 153 NE MADISON STREET LAKE CITY, FL 32055				Street Address (P.O. Box Number is Not Acceptable)						
E-INE OIL										
•			i	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, typed or printed name of registered agent a	nd ittle if applicable. (NOTE: Pi	ebese e	d Agent signature required	d when remailiantly		DATE			
FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							check pa Departme			
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME	MGR	☐ Delete	TITLE NAM					☐ Change	Addition	
STREET ADDRESS : City-St-Zip	991 SE CLINE FEAGLE ROAD LAKE CITY, FL 32025			ET ADDRESS • SI - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEAGLE, RONALD A 834 SE ALDINE FEAGLE DRIVE LAKE CITY, FL 32025	☐ Delete				<u> </u>		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MGR Feagle, Marlin N 153 NE Madison S Lake City, FL							Change	Addition	
LITLE NAME STREET ADDRESS CITY-ST-ZIP	Dave Crey, 15	☐ Delate	1	· · · · · · · · · · · · · · · · · · ·				Change	Addition	
TITLE NAME SIRSET ADDRESS CITY-S1-ZIP		☐ Deinte						Change	Addition	
TITLE HAME SIREET ADDRESS CITY-ST-ZIP	··:	☐ Delete	CITY	E ADORESS -SI-AP				☐ Change	Addition	
11. Thereby certify that the information supplied with this fling 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 logal 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:  2/25/08 (386) 752-7/9/										
SIGNAT	UKE: _ //	2474; [1] \ 74A	•				<u>, , , , , , , , , , , , , , , , , , , </u>	11	4	

		(386) 752-7191
SIGNATURE AND TYPED OR PRINTED HAME OF BIOLING MANAGING BENBER, MANAGER, OR ALITHORIZED REPRESENTATIV	/E Dale	Daytene Prone