

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116934

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: BREHMER BY DESIGN, LLC

**Current Principal Place of Business:**

1734 NEW HAMPSHIRE AVE NE  
ST PETERSBURG, FL 33703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1734 NEW HAMPSHIRE AVE NE  
ST PETERSBURG, FL 33703 US

**New Mailing Address:**

FEI Number: 26-1445639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONTRACTORS REPORTING SERVICE, INC  
2001 W BUSCH BLVD  
STE A  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

BREHMER, ERIC H  
1734 NEW HAMPSHIRE AVE NE  
ST PETERSBURG, FL 33703 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: ERIC H. BREHMER

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BREHMER, ERIC H  
Address: 1734 NEW HAMPSHIRE AVE NE  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: MGRM ( ) Delete  
Name: BREHMER, PATRICIA  
Address: 1734 NEW HAMPSHIRE AVE NE  
City-St-Zip: ST PETERSBURG, FL 33703 US

**ADDITIONS/CHANGES:**

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: ERIC H. BREHMER

MGRM

04/30/2009

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