

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90172 001 *5,966.25

DOCUMENT # L07000122239

1. Entity Name
BRM HERITAGE SHENANDOAH, LLC



Principal Place of Business
**707 MENDHAM BLVD. SUITE 201
ORLANDO, FL 32825**

Mailing Address
**707 MENDHAM BLVD. SUITE 201
ORLANDO, FL 32825**

30004277



2. Principal Place of Business - No P.O. Box #
495 N. Keller Rd.

3. Mailing Address
495 N. Keller Rd.

03042008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.
Ste. 301

Suite, Apt. #, etc.
Ste. 301

City & State
Maitland, FL

City & State
Maitland, FL

Zip Country
32751 USA

Zip Country
32751 USA

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**VOGT, LOUIS E
707 MENDHAM BLVD. SUITE 201
ORLANDO, FL 32825**

7. Name and Address of New Registered Agent

Name **Louis E. Vogt**
Street Address (P.O. Box Number is Not Acceptable)
495 N. Keller Rd., Ste. 301
City **Maitland** **FL** Zip Code **32751**

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 **Louis E. Vogt** 4-15-08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**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

TITLE **Manager** ☐ Delete
NAME **Louis E. Vogt**
STREET ADDRESS **495 N. Keller Rd., Ste. 301**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE **Manager** ☐ Delete
NAME **Scott Zimmerman**
STREET ADDRESS **495 N. Keller Rd., Ste. 301**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE **Manager** ☐ Delete
NAME **James Kincaid**
STREET ADDRESS **5505 N. Atlantic Ave., #108**
CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Louis E. Vogt** 4-15-08 407-478-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #