

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001008

FILED
Feb 16, 2012
Secretary of State

Entity Name: BROFIVE, LLC

Current Principal Place of Business:

5201 AVENUE B
ST. AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

5201 AVENUE B
ST. AUGUSTINE, FL 32095 US

New Mailing Address:

FEI Number: 80-0143342 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLLINGSWORTH, JAMES A III
5201 AVENUE B
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PTR
Name: HOLLINGSWORTH, JAMES A III
Address: 5201 AVENUE B
City-St-Zip: ST AUGUSTINE, FL 32095 US

Title: PTR
Name: HOLLINGSWORTH, DONALD R
Address: 212 QUEEN ROAD
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: PTR
Name: HOLLINGSWORTH, JERRY L
Address: P O BOX 2
City-St-Zip: WATERLOO, AL 35677 US

Title: PTR
Name: HOLLINGSWORTH, RICHARD D SR
Address: 716 BLACKMOORE GATE LN
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: PTR
Name: HOLLINGSWORTH, DENNIS W
Address: 695 STANDISH DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086 US

I hereby 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: JAMES A HOLLINGSWORTH, III

PTR

02/16/2012

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