

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006930

Entity Name: BRADLEY SALES LLC

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

1934 SAMANTHA LANE
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

1934 SAMANTHA LANE
VALRICO, FL 33594 US

New Mailing Address:

FEI Number: 32-0231144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADLEY, CHARLES H JR.
1934 SAMANTHA LANE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

BRADLEY, CHARLES H MGRM
1934 SAMANTHA LANE
VALRICO, FL 33594 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: CHARLES H. BRADLEY

01/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRADLEY, CHARLES H JR.
Address: 1934 SAMANTHA LANE
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: BRADLEY, DEBORAH L
Address: 1934 SAMANTHA LANE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRADLEY, CHARLES H P
Address: 1934 SAMANTHA LANE
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM (X) Change () Addition
Name: BRADLEY, DEBORAH L VP
Address: 1934 SAMANTHA LANE
City-St-Zip: VALRICO, FL 33594 US

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: CHARLES H. BRADLEY

MGRM

01/17/2009

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