

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009885

Entity Name: BRIGGS & ROGERS, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

6150 DIAMOND CENTRE COURT
#1001
FORT MYERS, FL 33912

Current Mailing Address:

6150 DIAMOND CENTRE COURT
#1001
FORT MYERS, FL 33912

New Principal Place of Business:

7680 CAMBRIDGE MANOR PLACE
#204
FORT MYERS, FL 33907

New Mailing Address:

7680 CAMBRIDGE MANOR PLACE
#204
FORT MYERS, FL 33907

FEI Number: 26-1838120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIGGS, MARY G
18177 HORSESHOE BAY CIRCLE
FORT MYERS, FL 33967 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: MGRM () Delete
Name: BRIGGS, MARY G
Address: 6150 DIAMOND CENTRE CT. #1001
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: ROGERS, CAROLYN
Address: 1490 BASS CIRCLE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRIGGS, MARY G
Address: 7680 CAMBRIDGE MANOR PLACE #204
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM (X) Change () Addition
Name: ROGERS, CAROLYN
Address: 7680 CAMBRIDGE MANOR PLACE #204
City-St-Zip: FORT MYERS, FL 33907

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: MARY BRIGGS

MGRM

03/26/2009

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