

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048237

Entity Name: BRIOSO CREATIONS, LLC

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

5131 WILLOWLEAF DR  
SARASOTA, FL 34241

## New Principal Place of Business:

1412 PINYON PINE DR  
SARASOTA, FL 34240

## Current Mailing Address:

5131 WILLOWLEAF DR  
SARASOTA, FL 34241

## New Mailing Address:

1412 PINYON PINE DR  
SARASOTA, FL 34240

FEI Number: 26-2604916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RINCON, TODD M  
5131 WILLOWLEAF DR  
SARASOTA, FL 34241 US

## Name and Address of New Registered Agent:

RINCON, TODD M  
1412 PINYON PINE DR  
SARASOTA, FL 34240 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: TR

04/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RINCON, TODD M  
Address: 5131 WILLOWLEAF DR  
City-St-Zip: SARASOTA, FL 34241

Title: MGRM ( ) Delete  
Name: RINCON, SHARI M  
Address: 5131 WILLOWLEAF DR  
City-St-Zip: SARASOTA, FL 34241

Title: MGRM (X) Delete  
Name: FARCHIONE, SAMUEL P  
Address: 400 MYRTLE LANE  
City-St-Zip: NOKOMIS, FL 34275

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RINCON, TODD M  
Address: 1412 PINYON PINE DR  
City-St-Zip: SARASOTA, FL 34240

Title: MGRM (X) Change ( ) Addition  
Name: RINCON, SHARI M  
Address: 1412 PINYON PINE DR  
City-St-Zip: SARASOTA, FL 34240

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: SHARI RINCON

MGRM

04/15/2009

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