

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077446

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** SOUTHERN BROTHERS CONSTRUCTION LLC

**Current Principal Place of Business:**

4741 PINNACLE DRIVE  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

4741 PINNACLE DRIVE  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:** 26-3168151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERCE, JAMES  
4741 PINNACLE DRIVE  
BRADENTON, FL 34208 US

**Name and Address of New Registered Agent:**

IN BALANCE, INC.  
12268 TAMIAMI TRAIL E  
SUITE 301  
NAPLES, FL 34113 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:** LINDSEY KLEIN

04/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** PIERCE, JAMES  
**Address:** 4741 PINNACLE DRIVE  
**City-St-Zip:** BRADENTON, FL 34208

**Title:** MGRM (X) Delete  
**Name:** PIERCE, CHRISTOPHER  
**Address:** 5692 STRAND COURT  
**City-St-Zip:** NAPLES, FL 34110

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**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:** JAMES PIERCE

MGRM

04/06/2009

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