

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088111

Entity Name: BRIALEX, "LLC"

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

255 SUNCREST CT.
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

255 SUNCREST CT.
OVIEDO, 32765 SM

New Mailing Address:

255 SUNCREST CT.
OVIEDO, FL 32765 US

FEI Number: 94-3442890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARMONA-TORRES, ANA
255 SUNCREST CT.
OVIEDO, FL 32765 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: CARMONA-TORRES, ANA
Address: 255 SUNCREST CT.
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: BURLACU, BRIANNIE T
Address: 9809 TIVOLI CHASE DR.
City-St-Zip: ORLANDO, FL 32829 US

Title: MGRM () Delete
Name: TORRES, ANGEL L
Address: 255 SUNCREST CT.
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: CARMONA-TORRES, ANA
Address: 255 SUNCREST CT.
City-St-Zip: OVIEDO, FL 32765 US

Title: VP (X) Change () Addition
Name: BURLACU, BRIANNIE T
Address: 9809 TIVOLI CHASE DR.
City-St-Zip: ORLANDO, FL 32829 US

Title: S (X) Change () Addition
Name: TORRES, ANGEL L
Address: 255 SUNCREST CT.
City-St-Zip: OVIEDO, FL 32765 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: ANGEL L. TORRES

S

05/05/2009

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