

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000098727

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** BEST OF BRICKS, LLC.

**Current Principal Place of Business:**

7143 SOMERSWORTH DR  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

7143 SOMERSWORTH DR  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 27-1116343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LARSON ACCOUNTING & CONSULTING SERV LLC  
8810 COMMODITY CIRCLE  
SUITE 17  
ORLANDO, FL 32819 US

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

MAIA PEREIRA, ROBERTA P  
7143 SOMERSWORTH DRIVE  
ORLANDO, FL 32835 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:** ROBERTA PASSOS MAIA PEREIRA

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** MAIA PEREIRA, ROBERTA P  
**Address:** 7143 SOMERSWORTH DR  
**City-St-Zip:** ORLANDO, FL 32835 US

**Title:** S  
**Name:** DE MORAIS, ANTONIO PEDRO L  
**Address:** 5509 CONROY RD APT 01  
**City-St-Zip:** ORLANDO, FL 32811 US

**Title:** VP  
**Name:** VIEIRA, GILBERTO C  
**Address:** 7143 SOMERWORTH DR  
**City-St-Zip:** ORLANDO, FL 32835 US

I hereby 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:** ROBERTA PASSOS MAIA PEREIRA

PRES

02/16/2011

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