

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000039121

**FILED**  
**Aug 03, 2011**  
**Secretary of State**

**Entity Name:** BRIAN'S BED BATH FACTORY OUTLET, LLC

**Current Principal Place of Business:**

16930 N.W. 4 AVE  
MIAMI, FL 33169

**New Principal Place of Business:**

6440 WEST 20TH AVENUE  
HIALEAH, FL 33016

**Current Mailing Address:**

16930 N.W. 4 AVE  
MIAMI, FL 33169

**New Mailing Address:**

6440 WEST 20TH AVENUE  
HIALEAH, FL 33016

**FEI Number:** 27-2355336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ZOMERFELD, RAYMOND J CPA  
999 PONCE DE LEON BLVD., SUITE 1045  
CORAL GABLES, FL 33134 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  
**Name:** SHERRITON, BRIAN  
**Address:** 6440 WEST 20TH AVUNE  
**City-St-Zip:** HIALEAH, FL 33016

**Title:** MGRM  
**Name:** SHERRITON, JACQUELINE  
**Address:** 6440 WEST 20TH AVENUE  
**City-St-Zip:** HIALEAH, FL 33016

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:** BRIAN SHERRITON

**PRES**

**08/03/2011**

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