

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000054974

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** BRYAN HALEY & ASSOCIATES, LLC

**Current Principal Place of Business:**

11347 REFLECTION ISLES BLVD  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

13650 FIDDLESTICKS BLVD  
STE 202-283  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 27-2632975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALEY, BRYAN P  
11347 REFLECTION ISLES BLVD  
FORT MYERS, FL 33912 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: HALEY, BRYAN P  
Address: 11347 REFLECTION ISLES BLVD  
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM  
Name: LEWIS, STACY A  
Address: 9272 RIVER OTTER DR  
City-St-Zip: FORT MYERS, FL 33912

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: STACY A. LEWIS

MGRM

04/22/2011

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