

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057795

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** HONEY-DO BROTHERS LLC

**Current Principal Place of Business:**

18761 CAPE SABLE DRIVE  
BOCA RATON, FL 33498 US

**New Principal Place of Business:**

**Current Mailing Address:**

18761 CAPE SABLE DRIVE  
BOCA RATON, FL 33498 US

**New Mailing Address:**

**FEI Number:** 27-2754730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

USA-RA LLC  
841 PRUDENTIAL DRIVE  
12TH FLOOR  
JACKSONVILLE, FL 32207 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:** PRES  
**Name:** JONES, ANDREW R  
**Address:** 18761 CAPE SABLE  
**City-St-Zip:** BOCA RATON, FL 33498 US

**Title:** VP  
**Name:** JONES, PAMELA J  
**Address:** 18761 CAPE SABLE DRIVE  
**City-St-Zip:** BOCA RATON, FL 33498 US

**Title:** SECY  
**Name:** JONES, LARA M  
**Address:** 18761 CAPE SABLE DRIVE  
**City-St-Zip:** BOCA RATON, FL 33498 US

**Title:** TRSR  
**Name:** JONES, ANDREW  
**Address:** 18761 CAPE SABLE DRIVE  
**City-St-Zip:** BOCA RATON, FL 33498 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:** ANDREW R JONES

PRES

03/31/2011

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