(((H24000355716 3)))



H240003557163ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number : (800)354-3381

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			
EMGTT	AUULESS.			

## FLORIDA LIMITED LIABILITY CO. THE BRIM, LLC

Certificate of Status	0
Certified Copy	0.
Page Count	02
Estimated Charge	, \$125.00

Electronic Filing Menu Corporate Filing Menu

Help

The Brim, LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ICLE II - Address: mailing address and street address of the principal office of	
Principal Office Address:	Malling Address:
304 Indian Road	304 Indian Road

The name and the Florida street address of the registered agent are:

	Name		
304 Indian R	oad.		
	·· · · · · · · · · · · · · · · · · · ·		
Florida street address	(P.O. Box <u>NOT</u> acc	ceptable)	; .
Florida street address Palm Beach	(P.O. Box <u>NOT</u> acc PL	teplable) 33480	;

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address;
MOD	Sean D. Miller
rick	304 Indian Rd, Palm Beach, FL 33480
AVOD	Walawa Wallan
AMBR	Helen Miller 304 Indian Road, Palm Beach, PL 3348
	<u> </u>
(Use attachment if necessary)	
the date inserted in this block does not n	
ment's effective date on the Department	
the date inserted in this block does not n	of State's records.
the date inserted in this block does not n ment's effective date on the Department	
the date inserted in this block does not n ment's effective date on the Department	of State's records.
the date inserted in this block does not n ment's effective date on the Department	of State's records.
The date inserted in this block does not no ment's effective date on the Department of U.S. VI: Other provisions, if any.  REOUTRED SIGNATURE:	of State's records.
The date inserted in this block does not no ment's effective date on the Department of VI: Other provisions, if any.  REOURED SIGNATURE:	of State's records.
The date inserted in this block does not no ment's effective date on the Department of VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mention of the document is executed an aware that any false	enther or an authorized representative of a member.
The date inserted in this block does not no ment's effective date on the Department of BYI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	enther or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
The date inserted in this block does not no ment's effective date on the Department of BYI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	enther or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
The date inserted in this block does not no ment's effective date on the Department of BYI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	enther or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.  1. M1.11ex Typed or printed name of signee
The date inserted in this block does not no ment's effective date on the Department of EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menth is executed an avere that any false constitutes a third degree.	enther or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
The date inserted in this block does not no ment's effective date on the Department of EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menth is executed any false constitutes a third degree Sean Description of Organization of Organization is provided in the State of Organization of Organization in the State of Org	enther or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.  M.11ex Typed or printed name of signee  Filling Fees; gamization and Designation of Registered Agent

11011000000000113