ubject	to a \$ 40	00.00 LATE FEE					7	Ld	R 5/10
	D LIABILIT	TY COMPANY	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State			I rate to the			
•	199			DIVISION OF CORPORATIONS			10 MAY -3 PM 3: 00		
ILING \$ 188.	FEE Annu	ual Report \$100.00 ke Check Payable	+ \$88.75	Corporatio	n Supp	olemental Fed		161	ja –
1 Name a	and Mailing Added Liability Cor	dress DOCL		# L980				1 C T. 1111	
	·	SILAT OF	BRANDO	N, L.L	.c.		1a. Principal Plac		
		. PAUL AVENI FL 33611	JE				3402 S. TAMPA F		MABRY HWY)
2 Principal Place of Business 2a.				?a. Mailing Address			3. Date Organize		3a. State of Formation
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08/17/1 4. FE! Number	998	FL	
City & State			City & Sta	City & State			4, FEI Number	_	Applied For
							5. Date of Last R	eport	Not Applicable 6. Certificate of Status Desired
Žip		Country	Zip		Counti	T y			\$8.75 Additional Fee Required
	7. Name	and Address of Curren	t Registered	Agent		B. Name	Name and Address	of New Regis	tered Agent/Office
611	STRATTON I ELE STREET	Street Address (I			(P.O. Box Number is Not Acceptable)				
TAMP	A FL 3	3606				Suite Apt #, e	i c		
									Zip Code
						City		FL	Zip Code
its register	ed office or reg	sions of Sections 608.416 jistered agent, or both, in the accept the obligations.	and 608.508 ie State of Flo	Florida Statut ida Such char	es, the at nge was a	pove-named limite uthorized by affirm	ed liability company su native vote of a majorit	ibmits this state y of the member	ment for the purpose of changing s. Thereby accept the appointment
SIGNATU	RE D	(Registerial Agent Accepting	Appear then to the	ette geleret A	pod sapadat	eregio distanta a 20	(DATE .	
10. Title	. , V			Business Street Address				City, State and Zip Code	
MGRM	IGRM DAVIS, DAVID			611 W. AZEELE STREET			REET	TAMPA	FL
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indicated (limited liab	on this annual r sility company o	report is true and accurate or the receiver or trustee e	and that my s	ignature shall	have the	same legal effect	as if made under oath	, that I am a mai	Hurther certify that the information naging member or manager of the ame appears in Block 10, or on an
indicated (limited liab attachmer	on this annual r oility company o of with an addre	report is true and accurate or the receiver or trustee e	and that my s impowered to	ignature shall execute this re	have the eport as re	same legal effect equired by Chapte	as if made under oath	, that I am a mai	naging member or manager of the

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