## 2006 LIMITED LIABILITY COMPANY....

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L99000005842

1. Entity Name

PHILBIN BROTHERS LLC



Principal Place of Business

Mailing Address

4599 FOWLER STREET FORT MYERS, FL 33907

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## FILED Jul 12, 2006 8:00 am Secretary of State

07-12-2006 90085 025 \*\*\*\*50.00

20048414



07052006 No Chg-LLC

CR2E083 (11/05)

00-0949400	
4. FEI Number 65-0949486	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

PHILBIN, PATRICK 532 SE 17TH PLACE CAPE CORAL, FL 33990

## DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by September 6, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILBIN, PATRICK 532 SE 17TH PL CAPE CORAL, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILBIN, DENNIS 87 FARM ROAD SHERBORN, MA 01770			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	- DO NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 received or trustee employered to execute this report as required by Chapter 608, Florida Statutes.				

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE