

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007537

1. Entity Name

BRYAN ROAD L.L.C.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90169 026 ****50.00

0006372

Principal Place of Business

17750 S.W. 154TH STREET
 MIAMI FL 33187-1269

Mailing Address

17750 S.W. 154TH STREET
 MIAMI FL 33187-1269

973625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 26-6475116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCER, LEONARD J
 2360 S. OCEAN BLVD., SUITE 605
 PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☒ Delete
 MGR BROWN, KENNETH B
 STREET ADDRESS 12230 FOREST HILL BLVD., STE 120
 CITY-ST-ZIP WELLINGTON FL

TITLE NAME ☐ Change ☒ Addition
 MGR MICHAEL M. LALLY
 STREET ADDRESS 17750 SW 154TH ST
 CITY-ST-ZIP MIAMI FL 33187-1269

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
 MGRM LEONARD J. MERCER
 STREET ADDRESS 2360 S. OCEAN BLVD., SUITE 605
 CITY-ST-ZIP PALM BEACH FL 33480

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/16/02 305-235-7900
 Date Daytime Phone #

CR2E083 (4/02)