

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/

FILED
Jun 13, 2008 8:00 am
Secretary of State

05-07-2008 90016 024 ***138.75

DOCUMENT # M05000007036

1. Entity Name
BRAY & GILLESPIE, LLC XXXII



Principal Place of Business
**600 N ATLANTIC AVE
DAYTONA BEACH, FL 32118**

Mailing Address
**600 N ATLANTIC AVE
DAYTONA BEACH, FL 32118**

30009296



01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4739340

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAY, CHARLES A
600 N ATLANTIC AVE
DAYTONA BEACH, FL 32118**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BRAY, CHARLES A
STREET ADDRESS	600 N ATLANTIC AVE
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	MGR
NAME	GILLESPIE, JOSEPH G
STREET ADDRESS	600 N ATLANTIC AVE
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	Bray Gillespie Associates, LLC
NAME	600 N ATLANTIC AVE
STREET ADDRESS	Daytona Beach, FL 32118
CITY-ST-ZIP	32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Charles A Bray

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

1/22/08

Date

386-267-1603

Daytime Phone #