

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

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

05-07-2008 90016 018 ***138.75

DOCUMENT # M06000004219

1. Entity Name
BRAY & GILLESPIE LLC LI



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

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

30009316



DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number **20-0054986**
NOT APPLICABLE

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 NORTH 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 name is changed)

DATE _____

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

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
BRAY, CHARLES A
600 NORTH ATLANTIC AVE
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
GILLESPIE, JOSEPH G
600 NORTH ATLANTIC AVE
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**Bray Gillespie Acquisitions, LLC
600 North Atlantic Ave
Daytona Beach, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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: _____

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

1/22/08

Date

386-267-1603

Daytime Phone #