

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005159

**Entity Name:** KEARNS BRAY, LLC

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

198 W. PORTAGE TRAIL EXT, SUITE 105  
CUYOHOGA FALLS, OH 44223

**New Principal Place of Business:**

**Current Mailing Address:**

198 W. PORTAGE TRAIL EXT, SUITE 105  
CUYOHOGA FALLS, OH 44223

**New Mailing Address:**

**FEI Number:** 26-3335803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAY, CHRISTOPHER P ESQ.  
8970 FONTANA DEL SOL WAY, SUITE 4  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

BRAY, CHRISTOPHER P ESQ.  
9132 STRADA PLACE  
2ND FLOOR  
NAPLES, FL 34108 US

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.

SIGNATURE: CHRISTOPHER P. BRAY

02/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KEARNS, DAVID B ESQ.  
Address: 198 W. PORTAGE TRAIL EXT, SUITE 105  
City-St-Zip: CUYOHOGA FALLS, OH 44223

Title: MGRM  
Name: BRAY, CHRISTOPHER P ESQ.  
Address: 9132 STRADA PLACE  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID B. KEARNS

MGRM

02/10/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date