

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005159

**Entity Name:** KEARNS BRAY, LLC

**FILED**  
**Jan 19, 2011**  
**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.  
9132 STRADA PLACE  
2ND FLOOR  
NAPLES, FL 34108 US

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

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: \_\_\_\_\_

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

01/19/2011

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