

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAR 16 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001495
1. Entity Name
THE BRINELLI COMPANY, LLC

Principal Place of Business Mailing Address
1807 DALTON ROAD 1807 DALTON ROAD
NEW CARLISLE OH 45344 NEW CARLISLE OH 45344



2. Principal Place of Business 3. Mailing Address
2560 N.E. INDIAN POOL DR. 2560 N.E. INDIAN POOL DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
JENSEN BEACH, FLA JENSEN BEACH, FLA
Zip Country Zip Country
34957 USA 34957 USA

4. FEI Number Applied For
31-1665599 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required -

6. Name and Address of Current Registered Agent
WOODS, WALTER G
310 SW OCEAN BLVD.
STUART FL 34994

7. Name and Address of New Registered Agent
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.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

ATTENTION: FEE IS \$30.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENRICK, BRIAN A <input type="checkbox"/> Delete 7590 NEW CARLISLE RD. NEW CARLISLE OH 45344	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENRICK, NELSON D <input type="checkbox"/> Delete 1807 DALTON DR. NEW CARLISLE OH 45344	300003310549 <input type="checkbox"/> Change <input type="checkbox"/> Addition -03/26/01--01149--009 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] **2-22-01** **561-334-0050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)