

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # M99000001495

1. Entity Name
THE BRINELLI COMPANY, LLC



Principal Place of Business
**2560 N.E. INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957**

Mailing Address
**1414 COMMERCE PARK DR
TIPP CITY, OH 45371**



04112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1665599

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAUDILL, PATRICIA J
2560 N.E. INDIAN RIVER DR.
JENSEN BEACH, FL 34957**

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENRICK, BRIAN A 7590 NEW CARLISLE RD. NEW CARLISLE, OH 45344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENRICK, NELSON D 1807 DALTON DR. NEW CARLISLE, OH 45344
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04/26/07-80032-008 50.00

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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

Date

Daytime Phone #

4-11-07 *937-667-4485*