


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 08:00 AM
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

DO NOT WRITE IN THIS SPACE



07072008 No Chg-LLC CR2E083 (12/07)

| | |
|---|--------------------------------|
| 4. FEI Number 31-1665599 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

| 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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 07/14/08-80010-005 138.75

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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: Brian A Wenrick member 7-10-08 937-667-4485
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #