

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018913

**Entity Name:** BRI FRAMING, LLC

**Current Principal Place of Business:**

11323 PHILIPS PARKWAY DRIVE E  
SUITE 1  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

11323 PHILIPS PARKWAY DRIVE E  
SUITE 1  
JACKSONVILLE, FL 32256 US

**FEI Number:** 26-2018236

**Certificate of Status Desired:** Yes

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

AMMONS, JODY M  
11578 ALEXIS FOREST DRIVE  
JACKSONVILLE, FL 32258 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRES  
Name            AMMONS, JODY M  
Address        11578 ALEXIS FOREST DRIVE  
City-State-Zip: JACKSONVILLE FL 32258

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JODY M AMMONS

**PRESIDENT**

**01/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date