# 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: ROBERT E HARRELL

Electronic Signature of Signing Authorized Person(s) Detail

Authonizeu i	erson(s) Detail .			
Title	MANAGER	Title	AUTHORIZED MEMBER	
Name	GOOD, MICHAEL J	Name	HARRELL, ROBERT E	
Address	1885 W LAKE MARY BLVD.	Address	108 ORANGE DR.	
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	SANFORD FL 32773	

# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L09000001181

Entity Name: THE BRIAR TEAM, LLC

### **Current Principal Place of Business:**

4570 ORANGE BLVD SANFORD, FL 32771

#### **Current Mailing Address:**

4570 ORANGE BLVD SANFORD, FL 32771 US

## FEI Number: 26-3985471

### Name and Address of Current Registered Agent:

GOOD, MICHAEL J. 4570 ORANGE BLVD SANFORD, FL 32771 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: MICHAEL J. GOOD				03/23/2018			
	Electronic Signature of Registered Agent			Date			
Authorized Person(s) Detail :							
Title N	MANAGER	Title	AUTHORIZED MEMBER				
Name C	GOOD, MICHAEL J	Name	HARRELL, ROBERT E				

Certificate of Status Desired: No

03/23/2018 MANAGING MEMEBER

Date

# FILED Mar 23, 2018 Secretary of State CC0277326534