

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000131809

**Entity Name:** BRANCH RECONSTRUCTION, LLC

**Current Principal Place of Business:**

12719 FOREST STREET  
TAMPA, FL 33612

**Current Mailing Address:**

12719 FOREST STREET  
TAMPA, FL 33612 US

**FEI Number:** 45-3843324

**Certificate of Status Desired:** No

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

BUTLER, TIMOTHY  
12719 FOREST STREET  
TAMPA, FL 33617 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:** TIMOTHY BUTLER

01/27/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BUTLER, TIMOTHY P  
Address 12719 FOREST STREET  
City-State-Zip: TAMPA FL 33612

*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:** TIMOTHY BUTLER

MANAGER

01/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date