#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000131809

Entity Name: BRANCH RECONSTRUCTION, LLC

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

7401 WILES ROAD SUITE 223 CORAL SPRING, FL 33067

# **Current Mailing Address:**

7401 WILES ROAD SUITE 223 CORAL SPRING, FL 33067

### FEI Number: 45-3843324

### Name and Address of Current Registered Agent:

BUTLER, TIMOTHY 401 OAKWOOD BLVD OLDSMAR, FL 34677 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

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BUTLER, TIMOTHY P	Name	MARTIN, MICHAEL
Address	401 OAKWOOD BLVD	Address	22 WALKER STREET
City-State-Zip:	OLDSMAR FL 34677	City-State-Zip:	GLOUCESTER MA 01930

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: MICHAEL R. MARTIN

MANAGING MEMBER 01/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date