

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000051823

**Entity Name:** BRIAN E. CURRIE, P.L.

**Current Principal Place of Business:**

629 LOMAX STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

629 LOMAX STREET  
JACKSONVILLE, FL 32204

**FEI Number:** 45-5026370

**Certificate of Status Desired:** No

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

CURRIE, BRIAN E  
629 LOMAX STREET  
JACKSONVILLE, FL 32204 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            PRESIDENT  
Name            CURRIE, BRIAN E  
Address        629 LOMAX STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title            VICE PRESIDENT  
Name            CURRIE, BONNIE J  
Address        629 LOMAX STREET  
City-State-Zip: JACKSONVILLE FL 32204

*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:** BRIAN E. CURRIE

**PRESIDENT**

**03/31/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date