## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000072565

**Entity Name: BRELSFORD LLC** 

Jan 23, 2016 **Secretary of State** CC0342813068

**FILED** 

# **Current Principal Place of Business:**

879 ROBERT TREAT EXT ORANGE, CT 06477

## **Current Mailing Address:**

879 ROBERT TREAT EXT ORANGE, CT 06477

FEI Number: 46-3409058 Certificate of Status Desired: No

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MGRM

Name BRELSFORD, GARY Address 879 ROBERT TREAT EXT

City-State-Zip: ORANGE CT 06477

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: GARY BRELSFORD

MANAGING MEMBER

01/23/2016