

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000161389

**Entity Name:** BROWMAK LLC

**Current Principal Place of Business:**

12 NELMAR AVENUE  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

P.O. BOX 1695  
ST. AUGUSTINE, FL 32085 US

**FEI Number:** 46-4131502

**Certificate of Status Desired:** No

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

MARKER, RANDALL L  
200 WEST FORSYTH STREET  
SUITE 1300  
JACKSONVILLE, FL 32202 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 MCCORMACK, DEIRDRE G  
Address 12 NELMAR AVENUE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title MGRM  
Name BROWER, DENNIS K  
Address 12 NELMAR AVENUE  
City-State-Zip: ST. AUGUSTINE FL 32084

*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:** DEIRDRE G MCCORMACK

**MANAGING MEMBER**

**03/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date