

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000159538

**Entity Name:** B&R HOMES LLC**Current Principal Place of Business:**2489 JUSTIN RD E  
JACKSONVILLE, FL 32210**Current Mailing Address:**2489 JUSTIN RD E  
JACKSONVILLE, FL 32210 US**FEI Number:** 32-0652869**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROSLAND, LEONDRA S  
6473 SAN JUAN AVE  
OFFICE  
JACKSONVILLE, FL 32210 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:** LEONDRA CROSLAND

02/14/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | MGR                    |
| Name            | RICHARDSON, RODERICK A |
| Address         | 2489 JUSTIN RD E       |
| City-State-Zip: | JACKSONVILLE FL 32210  |

|                 |                       |
|-----------------|-----------------------|
| Title           | MANAGER               |
| Name            | RICHARDSON, KANESHA   |
| Address         | 2489 JUSTIN RD E      |
| City-State-Zip: | JACKSONVILLE FL 32210 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MANAGER               |
| Name            | RASHER, ANDRIC        |
| Address         | 2489 JUSTIN RD E      |
| City-State-Zip: | JACKSONVILLE FL 32210 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MANAGER               |
| Name            | BRINSON, SOPHIA       |
| Address         | 2489 JUSTIN RD E      |
| City-State-Zip: | JACKSONVILLE FL 32210 |

*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:** SOPHIA BRINSON**PRESIDENT**

02/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date