

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046172

FILED
Apr 29, 2009
Secretary of State

Entity Name: CONTEMPO FLORIDA BUSINESS BROKERS, LLC

Current Principal Place of Business:

43344 HWY 27
DAVENPORT, FL 33837 US

New Principal Place of Business:

Current Mailing Address:

43344 HWY 27
DAVENPORT, FL 33837 US

New Mailing Address:

FEI Number: 83-0399294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPHERD, KELLIE
43344 HWY 27
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHERRETT, DONALD
Address: 7162 MONTREAL DR
City-St-Zip: LAKELAND, FL 33809 US

Title: MGR () Delete
Name: LEVENTHAL, GARY
Address: 5090 DOWNPOINT LANE
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM (X) Delete
Name: SHEPHERD, KELLIE
Address: 14417 HAMPSHIRE BAY CIR
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHEPHERD, KELLIE
Address: 14417 HAMPSHIRE BAY CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KELLIE SHEPHERD

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date