

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000015118

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** BYRNES GUILLAUME, ATTORNEY AT LAW, PLLC

**Current Principal Place of Business:**

14800 APRIL DRIVE  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

14800 APRIL DRIVE  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

GUILLUAME, BYRNES  
14800 APRIL DRIVE  
LOXAHATCHEE, FL 33470 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: MGRM ( ) Delete  
Name: GUILLAUME, BYRNES  
Address: PO BOX 601503  
City-St-Zip: N.M.B., FL 331601503

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GUILLAUME, BYRNES  
Address: 14800 APRIL DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

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: BYRNES GUILLAUME

MGR

03/24/2009

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