

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90087 015 \*\*\*\*50.00

**DOCUMENT #**

1. Entity Name

Brenda and Michael Gaffney, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1 Pleasant Valley Lane

Suite, Apt. #, etc.

3. Mailing Address

1 Pleasant Valley Lane

Suite, Apt. #, etc.

City & State  
Westport CT

City & State  
Westport CT

Zip  
06880

Country  
USA

Zip  
06880

Country  
USA

4. FEI Number

65-1095877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1840 Coral Way, 4th floor

City Miami

FL

Zip Code  
33145

8. 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.

Spiegel & Utrera, P.A.

SIGNATURE By:

Natalia Utrera, Vice President

2/19/02  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Michael J. Gaffney  
1 Pleasant Valley Lane  
Westport CT 06880

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Brenda M. Gaffney  
1 Pleasant Valley Lane  
Westport CT 06880

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Brenda M. Gaffney Brenda M. Gaffney 2/28/02 203-222-1491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)