

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90038 030 ****50.00

DOCUMENT # **L01000011403**
 Title Name
BRIDGES AND SHIELDS, LLC

Principal Place of Business
c/o Sofia Powell-Cosio
 1390 BRICKELL AVE., SUITE 200
 MIAMI FL 33131

Mailing Address
c/o Sofia Powell-Cosio
 1390 BRICKELL AVE., SUITE 200
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1120221	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

Sofia Powell-Cosio
1390 Brickell Avenue-Suite 200
Miami, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

MGR <input type="checkbox"/> Delete Brian Bridges, Christopher 1390 Brickell Avenue-#200 Miami, FL 33131
MGR <input type="checkbox"/> Delete Craig Shields, Roberta Jeanne 1390 Brickell Avenue-#200 Miami, FL 33131
<input type="checkbox"/> Delete
<input type="checkbox"/> Delete
<input type="checkbox"/> Delete
<input type="checkbox"/> Delete
<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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: *X Christopher Brian Bridges* **Christopher Brian Bridges-Manager**