

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011403

**FILED**  
**Mar 19, 2007**  
**Secretary of State**

**Entity Name:** BRIDGES AND SHIELDS, LLC

**Current Principal Place of Business:**

C/O SOFIA POWELL-COSIO, P.A.  
1900 S.W. 3RD AVE.  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SOFIA POWELL-COSIO, P.A.  
1900 S.W. 3RD AVE.  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:** 65-1120221      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

POWELL-COSIO, SOFIA ESQ.  
1900 SW 3RD AVE.  
MIAMI, FL 33129      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: BRIAN BRIDGES, CHRISTOPHER  
Address: 1900 SW 3RD AVE.  
City-St-Zip: MIAMI, FL 33129

Title: MGR      ( ) Delete  
Name: CRAIG SHIELDS, ROBERTA JEANNE  
Address: 1900 SW 3RD AVE.  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

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 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: CRISTOPHER BRIAN BRIDGES

MGR

03/19/2007

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