

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90687 031 ****50.00

DOCUMENT # L01000011403

1. Entry Name

BRIDGES AND SHIELDS, LLC



Principal Place of Business

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

Mailing Address

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

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

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

POWELL-COSIO, SOFIA ESQ.
1390 BRICKELL AVE., SUITE 200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

SOFIA POWELL-COSIO, P.A.

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

1900 S.W. 3RD AVE

City

MIAMI

FL

Zip Code

33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X Sofia Powell-Cosio**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BRIAN BRIDGES, CHRISTOPHER**
STREET ADDRESS **1390 BRICKELL AVE., SUITE 200**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** ☐ Delete
NAME **CRAIG SHIELDS, ROBERTA JEANNE**
STREET ADDRESS **1390 BRICKELL AVE., SUITE 200**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR.** ☒ Change ☐ Addition
NAME **BRIAN BRIDGES CHRISTOPHER**
STREET ADDRESS **1900 S.W. 3RD AVE.**
CITY-ST-ZIP **MIAMI FL 33129.**

TITLE **MGR.** ☐ Change ☐ Addition
NAME **CRAIG SHIELDS ROBERTA JEANNE.**
STREET ADDRESS **1900 S.W. 3RD AVENUE.**
CITY-ST-ZIP **MIAMI, FL. 33129.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, and that I am the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

PLEASE SIGN
Robert Shields

3/12/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (10/02)