

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015173

FILED
Mar 19, 2009
Secretary of State

Entity Name: BROEMAN HOLDINGS, LLC

Current Principal Place of Business:

2109 NE 67 ST
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6278 N. FEDERAL HIGHWAY
PMB 328
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 58-2667477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROEMAN, CHRISTOPHER
2109 NE 67 ST
FORT LAUDERDALE, FL 33308 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: BROEMAN, ROLAND R
Address: 1100 SE 5TH COURT #40
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: BROEMAN, CHRISTOPHER J
Address: 1100 SE 5TH COURT #40
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: BROEMAN, BRYAN R
Address: 1100 SE 5TH COURT #40
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BROEMAN, CHRISTOPHER J
Address: 2109 NE 67 ST
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER BROEMAN

MGRM

03/19/2009

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