

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004485

FILED
Apr 17, 2009
Secretary of State

Entity Name: BROSS, BROSS, THOMAS & SAVY, L.C.

Current Principal Place of Business:

50 N. GROVE STREET
MERRITT ISLAND, FL 32950

New Principal Place of Business:

Current Mailing Address:

50 N. GROVE STREET
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 20-0603900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER J ESQUIRE
1311 BEDFORD DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

ZIES, G. PHILIP J ESQUIRE
202 N. HARBOR CITY BOULEVARD
101
MELBOURNE, FL 32935 US

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: G. PHILIP J. ZIES

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: A. MICHAEL BROSS, P.A.
Address: 997 S. WICKHAM ROAD
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGRM () Delete
Name: ATTORNEY PAUL E. BROSS, ESQ., P.A.
Address: 50 N. GROVE STREET
City-St-Zip: MELBOURNE, FL 32953

Title: MGRM () Delete
Name: THOMAS, BILLY M
Address: 50 N. GROVE STREET
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM () Delete
Name: SAVY, BRYAN
Address: 50 N. GROVE STREET
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

Title: MGRM () Change (X) Addition
Name: COULTER, JAMES B III
Address: 50 N. GROVE STREET
City-St-Zip: MERRITT ISLAND, FL 32953

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: A. MICHAEL BROSS

MGRM

04/17/2009

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