

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080835

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** REED SAVAGE ASSOCIATES OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

4217 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4217 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 20-1857000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAVAGE, LAWRENCE  
4217 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 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:** SAVAGE, LAWRENCE  
**Address:** 4217 PONCE DE LEON BLVD.  
**City-St-Zip:** CORAL GABLES, FL 33146

**Title:** MGRM ( ) Delete  
**Name:** REED, CYNTHIA P  
**Address:** 2627 SOUTH BAYSHORE DRIVE  
**City-St-Zip:** MIAMI, FL 33133

**ADDITIONS/CHANGES:**

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

**Title:** MGRM (X) Change ( ) Addition  
**Name:** REED, CYNTHIA P  
**Address:** 1555 COLONIAL TERRACE  
**City-St-Zip:** ARLINGTON, VA 22209

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:** CYNTHIA REED

DIRE

04/15/2009

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