

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 15, 2007 8:00 am
Secretary of State

08-15-2007 90025 012 ****50.00

DOCUMENT # L05000101448

1. Entity Name

BARRINGTON CAPITAL MANAGEMENT, LLC



Principal Place of Business

**3300 UNIVERSITY DRIVE, STE 311
CORAL SPRINGS, FL 33065**

Mailing Address

**3300 UNIVERSITY DRIVE, STE 311
CORAL SPRINGS, FL 33065**

DO NOT WRITE IN THIS SPACE



07172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number **20-3655306**
~~20-3655308~~

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLYMAN, TIMOTHY J
3300 UNIVERSITY DRIVE, STE 311
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ASSEMI, ALAIN
3300 UNIVERSITY DRIVE, STE 311
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CLYMAN, TIMOTHY J
3300 UNIVERSITY DRIVE, STE 311
CORAL SPRINGS, FL 33065**

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

ALAIN ASSEMI

7-17-07