

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000110684

**FILED**  
**Mar 12, 2007**  
**Secretary of State**

**Entity Name:** BRENNAN AND BRENNAN STAFFING LLC

**Current Principal Place of Business:**

1532-B NW AMHURST DR  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

200 NORTH EAST 8TH STREET  
POMPANO BEACH, FL 33060 US

**Current Mailing Address:**

1532-B NW AMHURST DR  
PORT ST LUCIE, FL 34986 US

**New Mailing Address:**

200 NORTH EAST 8TH STREET  
POMPANO BEACH, FL 33060 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

BRENNAN, MICHELE  
1531-B NW AMHURST DR  
PORT ST LUCIE, FL 34986 US

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

BRENNAN, MICHELE  
200 NORTH EAST 8TH STREET  
FORT LAUDERDALE, FL 33060 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: \_\_\_\_\_

03/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRENNAN, MICHELE  
Address: 1532-B NW AMHURST DR  
City-St-Zip: PORT ST LUCIE, FL 34986 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BRENNAN, MICHELE  
Address: 200 NORTH EAST 8TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELE BRENNAN

MGR

03/12/2007

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