

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023733

Entity Name: BROWN & WHITE, PLLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

2600 S. DOUGLAS ROAD  
1100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 940745  
MIAMI, FL 331940745

**New Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE  
906  
COCONUT GROVE, FL 33133

**New Mailing Address:**

P.O. BOX 347164  
CORAL GABLES, FL 33234

FEI Number: 20-4474237      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JORGE GURIAN, P.A.  
2600 S. DOUGLAS ROAD  
1100  
CORAL GABLES, FL 33134 US

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

JORGE GURIAN, P.A.  
2665 SOUTH BAYSHORE DRIVE  
906  
COCONUT GROVE, FL 33133 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/01/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CUEVA, JAMES A  
Address: P.O. BOX 940745  
City-St-Zip: MIAMI, FL 331940745

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CUEVA, JAMES A  
Address: P.O. BOX 347164  
City-St-Zip: CORAL GABLES, FL 33134

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: JAMES A CUEVA

MGRM

05/01/2009

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