

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90258 019 ***538.75

DOCUMENT # L06000055247

1. Entity Name
P. BROOKE ALEXANDER, MSW, LCSW, LC



Principal Place of Business
**27 BRADFORD WALK
FARMINGTON, CT 06032**

Mailing Address
**27 BRADFORD WALK
FARMINGTON, CT 06032**

50006582

2. Principal Place of Business - No P.O. Box #
35 EAST MAIN STREET

3. Mailing Address
35 EAST MAIN STREET



Suite, Apt. #, etc.
#377

Suite, Apt. #, etc.
#377

04172008 Chg-LLC CR2E083 (12/06)

City & State
AVON, CT 06001

City & State
AVON, CT 06001

4. FEI Number
20-5015765

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, JOSEPH
C/O SHARFF, WITTMER, KURTZ & JACKSON
4627 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ALEXANDER, PRISCILLA B
27 BRADFORD WALK
FARMINGTON, CT 06032** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Priscilla B. Alexander
Date **May 2008**

860 874
4050
Daytime Phone