

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000035550

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** OBRIEN AND PARTNERS, LLC.

**Current Principal Place of Business:**

6555 NW 9TH AVE. SUITE 210  
FT. LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

6555 NW 9TH AVE. SUITE 210  
FT. LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

O'BRIEN, MICHAEL  
9962 EQUUS CIRCLE  
BOYNTON BEACH, FL 33437 US

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

O'BRIEN, MICHAEL  
6555 NW 9TH AVE. SUITE 210  
FT. LAUDERDALE, FL 33309 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: MICHAEL O'BRIEN

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: O'BRIEN, MICHAEL  
Address: 9962 EQUUS CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: O'BRIEN, MICHAEL  
Address: 6555 NW 9TH AVE. SUITE 210  
City-St-Zip: FT. LAUDERDALE, FL 33309 US

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: MICHAEL O'BRIEN

MGRM

04/17/2009

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