

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036467

FILED
Apr 22, 2009
Secretary of State

Entity Name: BRANDT & GUFFORD, ATTORNEYS AT LAW, LLC

Current Principal Place of Business:

516 SW CAMDEN AVENUE
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

516 SW CAMDEN AVENUE
STUART, FL 34994 US

New Mailing Address:

325 EAST OCEAN BLVD
STUART, FL 34994 US

FEI Number: 13-4251743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUFFORD, JOSEPH L III
516 SW CAMDEN AVENUE
STUART,, FL 34994 US

Name and Address of New Registered Agent:

GUFFORD, JOSEPH L III
325 EAST OCEAN BLVD
STUART,, FL 34994 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: JOSEPH L GUFFORD III

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUFFORD, JOSEPH L III
Address: 516 SW CAMDEN AVENUE
City-St-Zip: STUART, FL 34994 US

Title: MGRM () Delete
Name: BRANDT, ARTHUR B
Address: 516 SW CAMDEN AVENUE
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUFFORD, JOSEPH L III
Address: 325 EAST OCEAN BLVD
City-St-Zip: STUART, FL 34994 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH L GUFFORD III

MGRM

04/22/2009

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