

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077287

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** THE OFFICES OF GRIFFIN & ASSOCIATES, LLC

**Current Principal Place of Business:**

ONE THOUSAND SOUTHWEST FIFTEEN STREET  
EXECUTIVE PLAZA  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

ONE THOUSAND SOUTHWEST FIFTEEN STREET  
EXECUTIVE PLAZA  
BROWARD, FL 33069

**Current Mailing Address:**

ONE THOUSAND SOUTHWEST FIFTEEN STREET  
EXECUTIVE PLAZA  
POMPANO BEACH, FL 33069

**New Mailing Address:**

ONE THOUSAND SOUTHWEST FIFTEEN STREET  
EXECUTIVE PLAZA  
BROWARD, FL 33069

**FEI Number:** 33-1176848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A., GUZMAN MGR  
1000 WEST MCNAB ROAD  
FIRST FLOOR  
POMPANO BEACH FL, FL 33069 US

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

A., GUZMAN MGR  
1000 WEST MCNAB ROAD  
FIRST FLOOR  
POMPANO BEACH, FL 33069 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:**

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GRIFFIN & ASSOCIATES OF S FLORIDA, INCORP.  
**Address:** 1000 WEST MCNAB ROAD #150  
**City-St-Zip:** POMPANO, FL 33069

**ADDITIONS/CHANGES:**

**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:** A. GUZMAN

RA

04/28/2009

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