

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091037

FILED
Apr 02, 2008
Secretary of State

Entity Name: BROD & ASSOCIATES LLC

Current Principal Place of Business:

4971 SHORELINE CIRCLE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4971 SHORELINE CIRCLE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 26-1090682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

BROD, MARK J MGR
4971 SHORELINE CIRCLE
SANFORD, FL 32771 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: MARK J. BROD

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROD, MARK J
Address: 4971 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: CASHMAN, SANDRA L
Address: 4971 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: CASHMAN, SANDRA L
Address: 4971 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

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

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

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: MARK J. BROD

MGR

04/02/2008

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