

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011645

Entity Name: THE FAMILY BRIDGE LLC

FILED  
Aug 28, 2009  
Secretary of State

## Current Principal Place of Business:

927 SHRIVER COURT  
LAKE MARY, FL 32746

## New Principal Place of Business:

927 SHRIVER CIRCLE  
LAKE MARY, FL 32746

## Current Mailing Address:

927 SHRIVER COURT  
LAKE MARY, FL 32746

## New Mailing Address:

927 SHRIVER CIRCLE  
LAKE MARY, FL 32746

FEI Number: 26-1814679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:

HARDER, PRISCILLA  
927 SHRIVER COURT  
LAKE MARY, FL 32746      US

## Name and Address of New Registered Agent:

HARDER, PRISCILLA  
927 SHRIVER CIRCLE  
LAKE MARY, FL 32746      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:

08/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: HARDER, PRISCILLA  
Address: 927 SHRIVER COURT  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: HARDER, PRISCILLA  
Address: 927 SHRIVER CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

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: PRISCILLA HARDER

OWNE

08/28/2009

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