2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L08000019944

Entity Name: EXECUTIVE BROKERAGE LLC

Current Principal Place of Business:

1008 GROVE ST.
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

1008 GROVE ST.
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRISTEA, VERA
1008 GROVE ST.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CRISTEA, VERA
Address: 1008 GROVE ST.
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM ( ) Delete
Name: CRISTEA, ADRIAN
Address: 1008 GROVE ST.
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM ( ) Delete
Name: CRISTEA, CORNEL
Address: 143 PATTERSON AVE.
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: CRISTEA, CORNEL
Address: 5405 SOUTHERLY AVE.
City-St-Zip: SARASOTA, FL 34237

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: VERA CRISTEA MGR 04/09/2009

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