

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045506

Entity Name: GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE, LLC

Current Principal Place of Business:

701 W CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE, FL 33309

Current Mailing Address:

701 W CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE, FL 33309 US

FEI Number: 20-0453834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSTEIN, IRVING LCPA
701 W CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE, FL 33309 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name POOLEGOLDSTEIN LLP
Address 1580 SAWGRASS CORPORATE
PARKWAY
SUITE 302
City-State-Zip: SUNRISE FL 33323

Title MGRM
Name FREDERICK S WEINSTEIN CPA PA
Address 701 W CYPRESS CREEK ROAD SUITE
300
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGRM
Name DAVID B ZUGMAN CPA PA
Address 701 W CYPRESS CREEK ROAD SUITE
300
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGRM
Name STEVEN M BORISMAN CPA PA
Address 701 W CYPRESS CREEK ROAD SUITE
300
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGRM
Name GEORGE F HORVATH CPA PA
Address 701 W CYPRESS CREEK ROAD SUITE
300
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGRM
Name MICHAEL PREVILLE CPA PA
Address 701 W CYPRESS CREEK ROAD SUITE
300
City-State-Zip: FORT LAUDERDALE FL 33309

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN M BORISMAN

MGR

01/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date