## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000006521

Entity Name: SARBEY KAUFMAN LLC

Name:

Address:

City-St-Zip:

SCOTT D SARBEY, PL

3107 STIRLING ROAD, SUITE 201

FORT LAUDERDALE, FL 333128500 US

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3107 STIRLING ROAD SUITE 201 FORT LAUDERDALE, FL 333128500 US **New Mailing Address: Current Mailing Address:** 3107 STIRLING ROAD SUITE 201 FORT LAUDERDALE, FL 333128500 US FEI Number: 65-1014182 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAUFMAN, JERRY R 3107 STIRLING ROAD SUITE 201 FORT LAUDERDALE, FL 333128500 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete KAUFMAN, JERRY R Name: Name: 3107 STIRLING ROAD, SUITE 201 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 333128500 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SARBEY, SCOTT D Name: Address: 3107 STIRLING ROAD, SUITE 201 Address: City-St-Zip: FORT LAUDERDALE, FL 333128500 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JERRY R KAUFMAN, PA Name: Name: 3107 STIRLING ROAD, SUITE 201 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 333128500 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JERRY R KAUFMAN MGR 04/27/2009