

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007837**

1. Entity Name

POLLIN PATENT LICENSING, LLC



Principal Place of Business

9801 WASHINGTON BLVD  
STE 200  
GAITHERSBURG, MD 20878 US

Mailing Address

9801 WASHINGTON BLVD  
STE 200  
GAITHERSBURG, MD 20878 US



02022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-2285910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVE. NORTH  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME POLLIN, ROBERT E  
STREET ADDRESS 9801 WASHINGTONIAN BLVD., SUITE 200  
CITY-ST-ZIP GAITHERSBURG, MD 20850

TITLE MGRM  
NAME POLLIN, ROBERT E  
STREET ADDRESS 9801 WASHINGTONIAN BLVD STE 200  
CITY-ST-ZIP GAITHERSBURG, MD 20878

TITLE  
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CITY-ST-ZIP

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05/01/07-80006-015 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-16-07 34602-9597