

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000007837

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** POLLIN PATENT LICENSING, LLC

**Current Principal Place of Business:**

9801 WASHINGTONIAN BLVD  
STE 200  
GAITHERSBURG, MD 20878 US

**New Principal Place of Business:**

**Current Mailing Address:**

9801 WASHINGTONIAN BLVD  
STE 200  
GAITHERSBURG, MD 20878 US

**New Mailing Address:**

**FEI Number:** 52-2285910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS LEGAL SERVICES, LLC  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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  
Name: POLLIN, ROBERT E  
Address: 9801 WASHINGTONIAN BLVD., SUITE 200  
City-St-Zip: GAITHERSBURG, MD 20878 US

Title: MGRM  
Name: POLLIN, ROBERT E  
Address: 9801 WASHINGTONIAN BLVD STE 200  
City-St-Zip: GAITHERSBURG, MD 20878 US

I hereby 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: ROBERT E. POLLIN

MGR

02/15/2010

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