


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90040 029 \*\*\*\*50.00

<b>DOCUMENT #</b> L01600012897	
<b>1. Entity Name</b> Zirlin & Rounsaville Property Tax Advisors, PL	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 8950 SW 197 Street	<b>3. Mailing Address</b> 8950 SW 197 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Miami, Florida	<b>City &amp; State</b> Miami, FL	<b>4. FEI Number</b> 65-1124374	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33157	<b>Country</b> USA	<b>Zip</b> 33157	<b>Country</b> USA

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> David Royce Rounsaville	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 8950 SW 197 Street	
	<b>City</b> Miami	<b>FL</b> <b>Zip Code</b> 33157

**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]*  
Signature, typed or printed name of registered agent and use if applicable.

*1/8/04*  
DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Alan Zirlin 951 Nautilus Isle Dania, FL 33004	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Managing Member David Royce Rounsaville 8950 SW 197 Street Miami, FL 33157	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

CR2E083B (12/02)