

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90130 038 ****50.00

DOCUMENT # L02000014035

1. Entity Name
LAW OFFICES OF JASON D. VOLKMAN, L.C.



Principal Place of Business
**1182 ARTHUR STREET
HOLLYWOOD, FL 33020**

Mailing Address
**1930 TYLER ST
HOLLYWOOD, FL 33020**

24000740

2. Principal Place of Business
10057 NW 18TH ST
Suite, Apt. #, etc.

3. Mailing Address
10057 NW 18TH ST
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL
Zip
33024

City & State
Pembroke Pines, FL
Zip
33024

01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number
27-0015917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VOLKMAN, JASON D ESQ.
1182 ARTHUR STREET
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name **Jason D. Volkman, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
10057 NW 18TH ST

City **Pembroke Pines** FL Zip Code **33024**

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 **Jason D. Volkman, Esq.**
Signature, typed or printed name of registered agent and title if applicable.

Jason D. Volkman, Esq. 1/7/04
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **S** ☐ Delete
NAME **VOLKMAN, JASON**
STREET ADDRESS **1930 TYLER ST**
CITY-ST-ZIP **HOLLYWOOD, FL 33070**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Sole member** ☒ Change ☐ Addition
NAME **Jason Volkman**
STREET ADDRESS **10057 NW 18TH ST**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

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: **Jason D. Volkman, Esq.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/04 **954-925-8080**
Date Daytime Phone #