

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000014035

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

10057 NW 18TH ST  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

955 53RD STREET EAST  
111  
BRADENTON, FL 34208

**Current Mailing Address:**

10057 NW 18TH ST  
HOLLYWOOD, FL 33024

**New Mailing Address:**

955 53RD STREET EAST  
111  
BRADENTON, FL 34208

**FEI Number:** 27-0015917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOLKMAN, JASON D ESQ.  
10057 NW 18TH ST  
HOLLYWOOD, FL 33024 US

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

VOLKMAN, JASON D ESQ.  
955 53RD STREET EAST  
111  
BRADENTON, FL 34208 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:**

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: S ( ) Delete  
Name: VOLKMAN, JASON  
Address: 10057 NW 18TH ST  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES:**

Title: S (X) Change ( ) Addition  
Name: VOLKMAN, JASON  
Address: 955 53RD STREET EAST #111  
City-St-Zip: BRADENTON, FL 34208

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** JASON D. VOLKMAN

MEMB

04/30/2005

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