

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000014035

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

955 53RD STREET EAST  
111  
BRADENTON, FL 34208

**New Principal Place of Business:**

6220 SHIRE LANE  
CRESTVIEW, FL 32536

**Current Mailing Address:**

955 53RD STREET EAST  
111  
BRADENTON, FL 34208

**New Mailing Address:**

6220 SHIRE LANE  
CRESTVIEW, FL 32536

**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.  
955 53RD STREET EAST  
111  
BRADENTON, FL 34208 US

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

VOLKMAN, JASON D ESQ.  
6220 SHIRE LANE  
CRESTVIEW, FL 32536 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:

04/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: S (X) Change ( ) Addition  
Name: VOLKMAN, JASON  
Address: 6220 SHIRE LANE  
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

S

04/24/2006

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