

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90104 047 ****50.00

DOCUMENT # L02000017684

1. Entity Name

FELDMAN FAMILY, LLC.



Principal Place of Business

2224 SMOKETREE COURT
LONGWOOD FL 32779

Mailing Address

2224 SMOKETREE COURT
LONGWOOD FL 32779

2. Principal Place of Business

Suite **Robert B. Feldman**
1316 Green Cove Rd.
City **Winter Park, FL 32789**

3. Mailing Address

Suite **Robert B. Feldman**
1316 Green Cove Rd.
City **Winter Park, FL 32789**



MOORE CR2E083 (11/03)

4. FEI Number

01-0751211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANE, STEVEN H
557 NORTH WYMORE ROAD STE. 100
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert B. Feldman MD MGRM 2/2/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **FELDMAN, ROBERT B**
STREET ADDRESS **2224 SMOKE TREE CT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **MGRM** ☐ Delete
NAME **FELDMAN, LISA N**
STREET ADDRESS **2224 SMOKETREE COURT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert B. Feldman MD MGRM 407-921-1732 2/2/04