

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000024839

1. Entity Name
**THE WEALTH CREATION & CONSERVATION GROUP,
LLC**



Principal Place of Business
**7700 WEST CAMINO REAL, STE 400
BOCA RATON, FL 33433 US**

Mailing Address
**7700 WEST CAMINO REAL, STE 400
BOCA RATON, FL 33433 US**



DO NOT WRITE IN THIS SPACE

02012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
06-1648363

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRSHON, MICHAEL W
6622 GRANDE ORCHID WAY
DELRAY BEACH, FL 33446**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HERSKOVITS, MARTIN
STREET ADDRESS	11852 NW 10TH PL
CITY- ST- ZIP	CORAL SPRINGS, FL 33071
TITLE	MGRM
NAME	KIRSHON, MICHAEL
STREET ADDRESS	6622 GRANDE ORCHID WAY
CITY- ST- ZIP	DELRAY BEACH, FL 33446
TITLE	MGRM
NAME	MILLER, ROBERT
STREET ADDRESS	18720 CASSANDRA POINTE LN
CITY- ST- ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

000000219670
02/08/05-80037-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

2-1-05

561-353-3700

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

Date

Daytime Phone #