2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# L02000028717

Entity Name: SILBERMAN INSURANCE AND FINANCIAL SERVICES PLLC

Current Principal Place of Business:

815 NORTHWEST 23RD AVENUE
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

815 NORTHWEST 23RD AVENUE
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 02-0652762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILBERMAN, DONALD L
4809 NW 36TH PLACE
GAINESVILLE, FL 326065996 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: SILBERMAN, DONALD L
Address: 4809 NW 36TH PLACE
City-St-Zip: GAINESVILLE, FL 326065996

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD L SILBERMAN PRES 01/28/2009

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