

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029547

**FILED**  
**Mar 06, 2010**  
**Secretary of State**

**Entity Name:** ALTERMAN MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

6447 MIAMI LAKES DR. EAST  
SUITE 200R  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

1247 N.W. 101 STREET  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

6447 MIAMI LAKES DR. EAST  
SUITE 200R  
MIAMI LAKES, FL 33014

**New Mailing Address:**

8004 N.W. 154 STREET  
BOX 634  
MIAMI LAKES, FL 33016

**FEI Number:** 42-1570975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BSPA CORPORATE SERVICES, INC.  
350 EAST LAS OLAS BOULEVARD, STE 1000  
FORT LAUDERDALE, FL 33301 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: MGRM  
Name: ALTERMAN, RICHARD  
Address: 8004 N.W. 154 STREET, BOX 634  
City-St-Zip: MIAMI LAKES, FL 33016

I hereby 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: RICHARD ALTERMAN

MNGR

03/06/2010

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