

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003063

FILED
Apr 28, 2009
Secretary of State

Entity Name: FRIEDLANDER & KAMELHAIR, PL

Current Principal Place of Business:

3300 N UNIVERSITY DRIVE
STE 4
CORAL SPRINGS, FL 330656300

New Principal Place of Business:

Current Mailing Address:

3300 N UNIVERSITY DRIVE
STE 4
CORAL SPRINGS, FL 330656300

New Mailing Address:

FEI Number: 20-0712326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE I KAMELHAIR, PA
3300 N UNIVERSITY DRIVE
STE 4
CORAL SPRINGS, FL 330656300 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 () Delete
Name: BRUCE D. FRIEDLANDER, PA
Address: 3300 N. UNIVERSITY DR STE 4
City-St-Zip: CORAL SPRINGS, FL 330656300

Title: MGRM () Delete
Name: BRUCE I. KAMELHAIR, PA
Address: 3300 N. UNIVERSITY DR. STE 4
City-St-Zip: CORAL SPRINGS, FL 330656300

ADDITIONS/CHANGES:

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

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: BRUCE D. FRIEDLANDER

MGRM

04/28/2009

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