

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000003063

**FILED**  
**Apr 27, 2010**  
**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  
**Name:** BRUCE D. FRIEDLANDER, PA  
**Address:** 3300 N. UNIVERSITY DR STE 4  
**City-St-Zip:** CORAL SPRINGS, FL 330656300

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

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:** BRUCE D. FRIEDLANDER PA

MGRM

04/27/2010

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