

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050442

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** GLICKSMAN CONSULTING, LLC

**Current Principal Place of Business:**

3124 NW 59TH STREET  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

3124 NW 59TH STREET  
BOCA RATON, FL 33496 US

**New Mailing Address:**

**FEI Number:** 80-0116224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GLICKSMAN, STEVEN A  
3124 NW 59TH STREET  
BOCA RATON, FL 33496 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:** GLICKSMAN, STEVEN A  
**Address:** 3124 NW 59TH STREET  
**City-St-Zip:** BOCA RATON, FL 33496 US

**Title:** MGRM  
**Name:** GLICKSMAN, RANDY M  
**Address:** 3124 NW 59TH STREET  
**City-St-Zip:** BOCA RATON, FL 33496 US

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: STEVEN A GLICKSMAN

MGRM

02/22/2010

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